agel DO LIFE

The Best Group

New Team Member ID

New Team Member Application's Contact Information

Name (First Name, Last Name)

Co-applicant / Spouse Name (First Name, Last Name)

Shipping Address (Is it safe to leave your order at the front door? ◯YES ◯NO)

City State / Province Postal Code

DAY / MONTH / YEAR
Date of Birth (dd/mm/yyyy)

Tax ID / Company ID

Contact / Mobile Phone

Email

Name of Bank

BSB

Account Number

SPONSOR USE ONLY

Sponsor's ID / Sponsor's Name / Placement ID / Placement Name ◯ 2Left ◯ 2Right ◯ 3Left ◯ 3Right

Initial Order

Select one of the following:

◯ Personal Pack (4 boxes)
◯ Executive Level (16 boxes)

QUANTITY: (enter number in box)

AgelCore			AgelActive		AgelThrive			AgelBody	
EXO	MIN	UMI	OHM	FIT	FLX	HRT	GRN	Ageless	GLO

Every order counts as four (4) boxes

Autoship Program (per month)

Monthy Autoship date: ◯ 1st ◯ 5th ◯ 10th

◯ 2 boxes + shipping
◯ 4 boxes + FREE SHIPPING (4 Plan)
◯ 5 boxes and more + FREE SHIPPING

AgelCore			AgelActive		AgelThrive			AgelBody	
EXO	MIN	UMI	OHM	FIT	FLX	HRT	GRN	Ageless	GLO

Every order counts as four (4) boxes

Payment Information

Payment type: ◯ VISA ◯ Mastercard ◯ AMEX

Cardholder name Expires (mm/yyyy)

Card Number Security Code

Billing Address

City State / Province Postal Code

Cardholder signature:

I hereby authorize Agel Enterprises LLC to receive payment via my credit card for the cost of my initial product orders as well as any and all of my future product orders. Agel is authorized to withdraw payment equal only to the amount of the products that I order, plus applicable sales taxes and shipping and handling; or the amount of the Autoship order I have established and sales taxes, shipping and handling.

By signing below I agree that I have read and understand the above enrollment form.

Applicant's signature Date

Co-applicant signature Date

(NOTE: All commissions are paid by check to the applicant)
* All prices may vary and are subject to change.

www.AgelTheBestGroup.com