APPLICATION AGREEMENT

PERSONAL DETAILS

PRINT clearly with a blue or black pen.
(*required information)

SHOPSMART Marketing
ACN 145746292

→

First name* | Middle name | Surname*

Street number & street name*

Suburb* | State | Postcode* | Country*

( ) | ( )
Mobile | Home phone | Work phone

Yes / No | / /
Email address | Email genealogy/notifications (Circle Y/N) | Date of birth*

Tick ✓ the **BUSINESS** you are acquiring * Business 1 ☐ Business 2 ☐ Business 3 ☐ Business 4 ☐ Business 5 ☐
If this is your first application, tick number 1. If this is your second application, tick number 2. And so on.

DELIVERY DETAILS (*required information)

Delivery address * - write AS ABOVE if applicable, home address only, void if P.O. Box or commercial address

Delivery instructions if not at home*

SPONSOR DETAILS

/ / | : | am / pm
Date | Time | (Circle)

Sponsors full name | Sponsor's member ID | ( ) Sponsor's phone number

NB: THIS APPLICATION CANNOT BE PROCESSED IF THE (*) REQUIRED INFORMATION IS INCOMPLETE.

AutoShip ENROLMENT

I give permission for ShopSmart Marketing to deduct $250.00AUD from my account each month, via direct-debit, to pay for my monthly products.

/ /
Applicants signature* | Date*

Applicant must read & sign reverse side TERMS & CONDITIONS *

What to do once your application is processed?

1. Await the SSM Business Pack. This will contain important information along with your ID number, printable forms & notices, business card designs as well as a PowerPoint Presentation for your own personal use.
2. Be prepared for your first delivery of 'Purenity' natural artesian water. Deliveries begin on the 15th of each month.
3. Qualify with two personal sales to receive commissions.
4. Once qualified, await your first commission deposit.

OFFICE USE ONLY

Date | 24hr TIME | Login (print)

Member ID | Node ID

Reference | Confirmed by (print)

PAYMENT DETAILS (Applicant/account names must match)

☐ VISA ☐ MASTERCARD
☐ BANKCARD

CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

NAME ON CARD | EXPIRY DATE ☐☐☐☐

CCV ☐☐☐

NB: Applicants choosing their first payment as credit must also provide Debit Account details for monthly AutoShip and commission deposits. All other applicants must fill the Debit Account details for both monthly AutoShip and commission deposits.

DEBIT ACCOUNT DETAILS*

Account name*

Bank*

BSB* | Account number*

Account holders signature* (For credit and/or debit. All names/signatures MUST match)