



1 DEALER'S INFORMATION SHEET

In support on my application to become a Dealer of First Vita Plus Marketing Corporation, I hereby certify that I have read and understood all the stipulations, **Rules and Regulations** set forth on this website (See Form 89, www.firstvitaplus.net) and agrees to be bound by and comply with all said provisions in good faith. **AGREE** SIGN/DATE

2 DEALER'S PERSONAL INFORMATION

SURNAME														
FIRST NAME					MIDDLE NAME									
DEALER NO.*					IDENTIFICATION (ID) CARD SUBMITTED					ID #				
										ID EXPIRATION DATE				
GENDER			NATIONALITY			CIVIL STATUS			DATE OF BIRTH			ORIGIN		
PROFESSION					HOME ADDRESS					TIN NO.				
HOME PHONE			BUSINESS PHONE			CELLPHONE			EMAIL ADDRESS					

Complete the information form (write N/A if Not Applicable). Applications **WITHOUT** required documents or with **INCOMPLETE** info will not be processed. Submitted documents will be returned to the applicant.

* DEALER NO. will be released upon receipt of this form and payment.

3 SELLER'S INFORMATION

SURNAME														
DEALER NO.			FIRST NAME					MIDDLE NAME						

This space provided for the Dealer who **INTRODUCED** you to First Vita Plus and sold you the Power Pack. Leave blank if not applicable.

4 GROUP LEADER'S INFORMATION

SURNAME														
DEALER NO.			FIRST NAME					MIDDLE NAME						

IMPORTANT: If a dealer applicant fails to completely accomplish or leaves the Group Leader's Information blank, the dealer applicant will automatically be registered under the group of the last dealer who registered online.

5 **GROUP SALES VOLUME A** **GROUP SALES VOLUME B**

Please refer to your Seller for this information.

6 (MUST FILL UP) PAYMENT INFORMATION

ENTER AMOUNT PAID:		Power Packs Available:	
SHIPPING & HANDLING CHARGES :	_____	<input type="checkbox"/> USD 295.00 - Dalandan/Melon	
BANK ATM CARD ACCOUNT :	_____ USD	<input type="checkbox"/> USD 345.00 - Guyabano/Vitalite	
(CHOOSE) POWER PACK :	_____ USD	<input type="checkbox"/> USD 360.00 - Fruits&Veggies	
LESS: ICC# _____	(USD)	ONLY CASH DEPOSITS ALLOWED:	
LESS: ICC# _____	(USD)	DEPOSITORY BANK _____	
LESS: ICC# _____	(USD)	DEPOSITORY BANK BRANCH _____	
LESS: ICC# _____	(USD)	DEPOSIT SLIP/ RECEIPT REF. NO. _____	
LESS: ICC# _____	(USD)	DATE DEPOSIT MADE _____	
LESS: ICC# _____	(USD)		
TOTAL AMOUNT TO BE DEPOSITED :	USD _____	*ICC - for areas without a Product Center only	

This space provided for payment and bank deposit details for payment of Shipping & Handling Charges, together with your Power Pack and Security Bank CashCard, net of Cash Coupons* applied, if applicable.

* Please refer to your Direct Sponsor for your Cash Coupon Reference Code (RC) numbers, if applicable.

7 TERMS OF AGREEMENT (MUST READ!)

I hereby certify that all information given in this application is true and correct. I hereby authorize the issuer/representative/s to conduct independent verification of the information provided by me in connection with this application, including verification of my employment and/or credit history with other institutions/ persons. **AGREE** SIGN/DATE

I understand and accept that my ATM Account has an annual fee of only **USD12.00**. This shall be credited against my earned commissions through an auto-deduct system. I also understand and accept that my ATM Account shall be discontinued by First Vita Plus after an inactivity period of twelve (12) consecutive months. **AGREE** **DISAGREE** SIGN/DATE

Pursuant to Article 59 of the Consumer Act of the Philippines, First Vita Plus Marketing Corporation, undertakes to grant a specific compensation or other benefits to the dealer for (1) each and every transaction consummated by the dealer with the persons referred by them or (2) subsequent sales that the dealer have helped First Vita Plus Marketing Corporation into. **AGREE** SIGN/DATE

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RECEIVED BY / DATE

SIGNATURE OVER PRINTED NAME

10.30.14