

DISTRIBUTOR AGREEMENT



YOUR LIFE VITAMINS

PO Box 527
Milnerton
7435

074 206 4000
service@yourlifevitamins.co.za
www.yourlifevitamins.co.za

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YOUR LIFE DISTRIBUTOR NUMBER

PERSONAL DETAILS

ID Number

First Name

Surname

Name of Spouse*

Tel Work

Tel Home

Cell/Mobile

Email

Residential Address

Country		Code	

Postal Address

Country		Code	

* Husband and wife use the same Your Life Distributor Number

SPONSOR (Person who introduced you to the business)

Name

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DISTRIBUTOR SPONSOR NUMBER

I understand that I am an independent contractor and not an employee of Your Life.

I agree to abide by the rules and policies of Your Life.

This agreement may be cancelled at any time by me or by Your Life.

SIGNATURE OF DISTRIBUTOR

DATE