

DXN International (AUS) Pty Ltd. A.B.N. 66 087 278 831

**GROUP STOCKITS APPLICATION FORM**

**APPLICANT INFORMATION**

Name : \_\_\_\_\_

Member Code: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/ Mobile # : \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

**GROUP STOCKIST LOCATION INFORMATION** (if different from above)

Centre Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/ Mobile # : \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that this appointment and its continuity rely on my integrity as a supplier of goods and services to my customers, and my observance of the relevant procedures required of Stockist.

I undertake to assist members with accurate information in response to their enquiries, to ensure the products are kept by me in a saleable condition, and to report sales online on the day of the sale, where possible.

I undertake not to alter prices from the set DXN Price List.

**RECOMMENDED BY:**

UPLINE STAR DIAMOND NAME: \_\_\_\_\_

MEMBER CODE : \_\_\_\_\_

PHONE/ MOBILE#: \_\_\_\_\_ FAX #: \_\_\_\_\_

SIGNATURE OF APPLICANT

APPROVED BY:

Print Name and Signature

Print Name and Signature

Date:

Date: