

Chews-4-Health

Malaysia Team Member Enrolment Form:

Mentor Information

Mentor's Name :

TM Number:

Placement Information

Placement's Name :

TM Number :

Left
Right

New Team Member Information

First Name: *

Last Name: *

Company:

IC/SSN: *

Date of Birth (MM/DD/YYYY):

Billing/Shipping Information

Bill Street1: *

Ship Street1: *

Bill Street2:

Ship Street2:

Bill Country: *

Ship Country: *

Bill Postal Code: *

Ship Postal Code: *

Bill City: *

Ship City: *

Bill State: *

Ship State: *

Bill County: *

Ship County: *

Malaysia Address

Contact Information

Home: *

Cell: *

Email: *

Fax:

Replicated Site URL : <http://www.chews4health.com/>

Extranet Temporary Password:

Enrollment Options

	USD	Shipping To Malaysia	
Economy Pack: 1 x 60-Count Box and 1 x 24-Count Sample Pack	\$89.90	<input type="text"/>	RM146.00 <input type="text"/>
Economy Pack: 2 x 60-Count Boxes	\$89.90	<input type="text"/>	RM146.00 <input type="text"/>
Value Pack: 4 x 60-Count Boxes with 1 x FREE 24-Count Sample Pack	\$179.80	<input type="text"/>	RM212.00 <input type="text"/>

The above options comes with FREE Membership, FREE Marketing Website and FREE 25pcs Product Flyers (subject to availability)

Chews4Health Convenience Packs (Autoship)

	USD	Shipping To Malaysia	
1-60 Count Chews4Health Pack	\$39.00	<input type="text"/>	RM22.00 <input type="text"/>
Three Pack 3-60 Count Packs	\$103.50	<input type="text"/>	RM66.00 <input type="text"/>
Six Pack 6-60 Count Packs	\$180.00	<input type="text"/>	RM132.00 <input type="text"/>

Credit Cards Informations



Credit cards Account No :

Expired Date :

Name On Cards :

CVV2 : * Suggested Provide thru Voice Call

Applicant Signature :

Submitted By :

Name : _____

Name : _____

Date : _____

Date : _____

*All transaction is based on USD currency

*All Shipping Cost Is Not Included

Disclaimer :

**Shipping to Malaysia is paid seperately, please read the details at <http://shippingchews.nsgclife.com/malaysia/>

**Please note that ALL registrations are to be done online either by the enrollee or his/her appointed representative or upline.

**This form is only to serve as a temporary document of consent until the online registration is completed.

**This form is not an official document of Chews4Health Inc. Once the online registration is completed.

**All pertaining Rules & Regulations of Chews4Health shall be applicable.