



Registered Office: c/o Investors' Secretaribus Pte Ltd
 5 Sheraton Way, #06-08 UIC Building, SINGAPORE 068808
 Reg No. 200 407 781C
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 All Correspondence to: PO Box 6384,
 Baulkham Hills Business Centre, NSW 2153, Australia

Order and Registration Form

ITEM #	INDIVIDUAL PRODUCTS (Commissionable)	Regular	Autoship	BV
SIN 132	2 Quarts Body Balance – Our flagship product made from liquid Aloe vera and SeaNine vegetable blend.	\$ 121.45	\$ 111.85	33
SIN 135	4 Quarts Body Balance	\$ 224.65	\$ 205.10	63
SIN 145	8 Quarts Body Balance	\$ 410.55	\$ 374.00	104

1) REGISTRATION If you are already registered skip this section.

YES! I wish to register and become a Member in Life Force International and participate in the business opportunity and use the products.

I wish to register as a Customer with Life Force and use the products.

New Member IC# _____

Enrollment Sponsor Name: Rod Yeatman

ID #: 131540

Qldpromotions

Placement Sponsor Name: Rod Yeatman

ID #: 131540

2) PERSONAL INFORMATION please print clearly

ID # _____ Surname _____ Given Name _____

Address _____ City _____ Post Code _____

Home Phone _____ Other Phone _____ Email _____

3) SHIPPING INFORMATION Same as personal address?

Name _____

Address _____ City _____ Post Code _____

4) PRODUCT ORDER – Select your order type: Individual Product Order New Autoship Order Add to Existing Autoship

Item #	Product Name	Quantity	Price	BV/	Total BV	Total Price

Choose a Monthly Processing Date (number between 1 and 25)

Total BV For Order

5) PAYMENT METHOD

Visa MasterCard American Express

Credit Card # _____ Exp. Date: _____

Card Holder Name _____ CVN #: _____

Billing Address _____ City _____ Post Code _____

Cardholder Signature _____

Signature required when sending form in for processing. By signing you agree to the order selection above and charge to the credit card provided.

Grand Total \$

All prices include GST and Freight Costs.

I hereby apply to be an Independent Member for Life Force Australasia (Singapore) Pte Ltd and agree to comply with the Life Force policies and procedures.

Signature _____ Name (print) _____ Date _____