



LIFE FORCE®

AUSTRALASIA PTY LTD

Registration Form

PERSONAL INFORMATION

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____
 Address: _____
 Suburb: _____ City: _____ Post Code: _____
 Home Phone: () _____ Other Phone: () _____
 Email Address: _____

REGISTER FOR FREE

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

ENROLLMENT SPONSOR

Name: SUSAN MORRIS ID #: 20890317
 Name: _____ ID #: _____
Placement Sponsor if different than Enrollment Sponsor

STARTER PRODUCTS

I wish to save money by going on an Autoship of 8 quarts of Body Balance. (Autoship saves money and guarantees delivery of products each month. Autoship may be cancelled at any point. \$262.30 + S & H)
 I wish to save money and go on an Autoship of 4 quarts of Body Balance. (\$137.50 + S & H)
 I wish to make my own product selection from the Life Force Product Order Form.

CARD HOLDER INFORMATION

Note: For direct debit please complete the Product Order Form.

Visa MasterCard American Express CVN # : [][][][]
 Credit Card #: [][][][] [][][][] [][][][] [][][][] Exp. Date: [][][][]
 Card Holder Name: _____ Billing address same as above
 Billing Address: _____
 Suburb: _____ City: _____ Postal Code: _____
 Signature: _____ Date: _____
By signing you agree to the order selection above and charge to the credit card provided.

Life Force Australasia • PO Box 6384, Baulkham Hills Business Centre, NSW 2153 • 1 800 888 306 • ABN No. 25 089 051 294

Fax: +61 2 9854 9101