

## 4Life Research Philippines, LLC

2F Rockwell Business Center Sheridan Sheridan corner United Streets, Mandaluyong City Metro Manila, Philippines 1550

All documents received are in order and checked by :

Name of CS Officer : \_\_

V.112023 Item# 170080521

## PREFERRED CUSTOMER ENROLLMENT FORM

Received Date : \_\_\_

White - 4Life Yellow - Applicant Pink - Sponsor

Customer Service & Product Order Line: (02) 8-271-1800

Domestic Toll Free: 1-800-13200119 E-mail address: philippines@4life.com Online ordering: www.4life.com/philippines

Preferred Customer ID No.:

New Amended		
PPLICATION INFORMATION Please use a pen and press hard so all copies	s are clear.	
	1	
policent or Company Name (Leet Name)	(First Name)	(AII)
pplicant or Company Name (Last Name)	(First Name)	(MI)
o Applicant (Last Nama)	(First Name)	(AI)
o-Applicant (Last Name)	(First Name)	(MI)
ddress (Street/Barangay/City/Province)		Zip Code
		Zip code
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mail Address		
muli Address		bate of bildi (www,bb/1111)
NROLLER INFORMATION* (Person who enrolled you in 4Life")		
nroller's Name (Last Name)	(First Name)	
63-		
nroller's ID Number Mobile Number		
irollel 5 ID Number Mobile Number		
PONSOR INFORMATION* (Placement)		
ponsor's Name (Last Name)	(First Name)	(MI)
	(	(,
63-		
ponsor's ID Number Mobile Number		
s a 4Life preferred customer, you will receive a 25% discount off the our NEXT personal orders over 100 LP (additional savings of 25% is l		
ou can also enroll in the 4Life Loyalty Program, wherein you can rece	eive free products!	
Enroll me now in the Loyalty Program. (Please see details at the b	•	
the non-make 20 yang 1 regions (1 lease see details at the b	action and rolling	
ou can cancel your preferred customer account any time by sending us a sign	ed resignation letter and a copy of you	r valid ID to philippines@4life.com.
roduct Guarantee: As a preferred customer, 4Life offers a 100% 30-day money l hilippine offices in good condition for a refund, replacement, or exchange. Th lerchandise exceeding Php16,800 in any 12 month period, the return will be di hilippines@4life.com for more details.	nis guarantee is limited to Php16,800 i	n any 12 month period. If a distributor wishes to return
you're interested in operating your own 4Life Business, kindly submit a Distril	outor Application and Agreement Form	(DAA) and contact your 4Life Distributor today.
you have any questions regarding preferred customers, please contact philip ithin 10 days upon enrollment following 4Life's procedure.	pines@4life.com or 8 271 1800. Once s	submitted to 4Life, this information can only be change
pplicant's Signature	Da	te:
o-Applicant's Signature		te:
o-Applicant's Signature lease mail or fax your completed Application and Agreement to 4Life to finalize the preferred custor		
For office use only		

Terms & Conditions on reverse side



## **LOYALTY PROGRAM APPLICATION AND AGREEMENT**

DO LIFE <i>D:A</i>								
APPLICATION	I INFORMATION						New	Amended
LOYALTY PRO	First Name/Middle Name/Last Name)  OGRAM SHIPPING ADDRE	ESS						Postcode
ITEM CODE #	PRODUCT DESCRIPTION	QUANTITY	WHOLESALE PRICE	Ple	ease ship this ord	der (if applica	able, 4Life PH s	taff will be in contact
					take your credit o	ŕ	nth from the 41	_ife office located in
					The Conect this of	der every mo	numom the 41	
HIPPING INF	ORMATION							
DELIVERY TIME								
	3) business days excluding Saturda starts the day after transaction is c		Public Holidays.					
have read and u	nderstood the following:	<u> </u>						
	he date of purchase, uncollected proc thereafter. Replacement of products v				organizations. 4	Life shall not	t be held respor	nsible for any claims
I.2 For Office Payments, 4 ORDERS WILL BE PRO A distributor may only hav	Card Payment or Office Payment.  'd Payments, your credit card will be charged mont Life Customer Service must receive the full paymer  CESSED THROUGH CUSTOMER SERVICE AFTER  e I loyalty order per month. of or the Loyalty Program:	nt amount of the selec	cted products on or before y	our chosen trans	saction date or before	the end of busine:		
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Name of CS Officer : \_