

PHILIPPINE DISTRIBUTOR AND PREFERRED CUSTOMER APPLICATION



Have you been a Reliv Distributor previously? YES NO Date: _____

APPLICANT INFORMATION:

Distributor Registration
• Php3,500

_____ **Dynamic Duo Kit**
(2 NOW mini boxes,
1 LunaRich X 30)

_____ **Core Nutrition Kit**
(1 Now for Kids Vanilla,
1 NOW mini box)

Distributor Upgrade
• Php2,500

Preferred Customer
• Php1,000

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Type of ID presented and ID No.
Spouse / Partner Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Type of ID presented and ID No.
Business Name (Reliv Corporate / Partnership Form to be attached if applicable)			Mobile	
Address <small>House / Unit Number</small> <small>Building Name</small> <small>Village / Subdivision</small> <small>Barangay</small>				
<small>City / Province</small>			<small>Zip Code</small>	Phone Number
E-mail Address:		How would you like to receive Reliv updates? <input type="checkbox"/> Email <input type="checkbox"/> SMS / Text <input type="checkbox"/> Viber <input type="checkbox"/> All options		

SPONSOR INFORMATION:

Full Name	Reliv ID / RCN	Phone Number
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DISTRIBUTOR APPLICANT TO COMPLETE:

Bank account & TIN are required for payment of your commission and must be in the Distributor's name.

BDO Account Number	TIN:
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* For other local bank options, please contact Reliv Order Center

Distributor's / Preferred Customers' Declaration and Acceptance

I apply as a Distributor or Preferred Customer of Reliv Philippines, Inc. I declare that I am over the age of eighteen (18) years.

Applicant's Signature

Date

Partner/Spouse Signature (if applying)

Date

PAYMENT:	
<input type="checkbox"/> Bank Deposit: <small>(Please viber / email the bank deposit slip)</small>	<input type="checkbox"/> Cash <input type="checkbox"/> G-Cash
▶ Banco de Oro: Karrivin Plaza Branch Reliv Philippines, Inc. Current Acct. No.: 0054-0802-0441	<input type="checkbox"/> Maya
<input type="checkbox"/> Credit Card Issuing Bank:	
CREDIT CARD NUMBER	EXPIRATION DATE:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FULL NAME ON CREDIT CARD	SIGNATURE EXACTLY AS IT APPEARS ON CARD
_____	X _____

FOR OFFICE USE ONLY	
RCN: _____	
Initial: _____	Date: _____

Please send completed, signed and dated application to:

Reliv Philippines, Inc.
G/F (Unit 1) DPC Place Building
2322 Chino Roces Ave. Extension, Makati City 1231
Viber: 0932-892-6924
Email: ordersph@relivinc.com