

Alternate Payer Form (NZ)



I, _____ (Distributor ID # _____), am paying
the one-off amount/initial deposit of \$ _____ NZD
for _____.

Home Tel. No.

Mobile Tel. No.

Address

E-mail

Payment Information

Credit/Debit Card Type Visa MasterCard

Credit/Debit Card Number

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Expiry Date _____

CVV _____

Alternate Payer's Signature

Date