Complete the application form (write N/A if Not Applicable). Applications without required documents or with imcomplete information will not be processed. Submitted documents will not be returned to the applicant.

first **Vita** Plus
Natural Health Drink

EFFECTIVE JAN 2022

AUTOSHIP FORM - THE LEGACY CLUB

ENROLLMENT / CHANGE	TO BE FILLED UP BY RM DEPT:
☐ NEW AUTOSHIP ORDER ☐ AUTOSHIP CHANGE REQUEST Please complete a new form for any changes on the information on this form. DATE TODAY _____	RECEIVED BY: PRINT NAME / SIGN DATE RECEIVED

DEALER INFORMATION

☐ NEW DEALER   ☐ CURRENT Active FVP Dealer.

DEALER NAME (LAST NAME, FIRST NAME, MIDDLE NAME)	DEALER NO.

RESIDENCE / DELIVERY ADDRESS

HOME/RESIDENCE PHONE NUMBER:	*MUST FILL UP: MOBILE NUMBER:	*MUST FILL UP: VALID/ACTIVE EMAIL ADDRESS:
*MUST FILL UP: ALTERNATIVE MOBILE NUMBER	*MUST FILL UP: LANDLINE PHONE NUMBER:	TIN #
BIRTHDATE	BIRTHPLACE	AVERAGE MONTHLY INCENTIVES (Php) **Php**

SIGNATURE OF DEALER

SIGNATURE	SIGNATURE	DATE SIGNED
		NOTE: Must bear signature of Dealer whose information appears on this form.

I, hereby, authorize First Vita Plus Marketing Corp. to deduct the amount of one (1) LEGACY PACK, plus the appropriate Shipping and Handling Fees, subject to the courier's delivery guidelines, from my weekly incentive checks, once monthly, effective _____ (date of application). FVP shall not be held liable if my Legacy Pack is not delivered because my incentive checks cannot cover the cost. A Legacy Pack is composed of one (1) Guyabano Gold Health Pack, and one (1) Dalandan Gold Health Pack.

☐ AGREE
☐ DISAGREE

SIGN./DATE

I, hereby, certify that all information written on this application is true and correct. And I, hereby, authorize First Vita Plus Marketing Corp. to conduct independent verification of the information provided by me in connection with this application, including verification of my dealership and/or incentive history.

☐ AGREE
☐ DISAGREE

SIGN./DATE

FOR FVPMC USE ONLY

1: EVALUATED BY		2: VERIFIED BY		3: PROCESSED BY	
RM DEPT / I-OPs DEPT		RM DEPT / I-OPs DEPT		IT DEPT	
DATE RECEIVED	PRINT NAME / SIGN.	DATE EVALUATED	PRINT NAME / SIGN.	DATE PROCESSED	PRINT NAME / SIGN.

FOR ACCTNG PROCESSING

4: APPLICATION RECEIVED BY	
ACCTNG	
	PRINT NAME / SIGN.
	DATE RECEIVED