



Bee-Power®

APPLICATION FORM

Mr/Mrs/Ms (or Comp. name if applicable) _____

Surname _____ Given Names _____

Address _____

_____ Post code _____

Tel: _____ Mob: _____ Fax: _____

Email: _____

Date of Birth _____ Drivers Licence Y / N

Marital Status _____

Experience or expertise:

Have you ever been a distributor to another product? Yes / No

If answer is yes, please provide more information. _____

What Territory or Territories are you interested in? _____

Current employment or Business (whichever is applicable)

Employer or Business Name _____

Address _____

Contact (Employer) _____ Tel: _____

Position held _____

Any other comments that may assist us: _____

The information provided above is true and correct

Signed

Date

Privacy: Bee Power International Pty Ltd warrants that the information provided will be used only for the purposes of applicant evaluation and selection and will not be disclosed to any third party.