

Energy for Health Affiliate Programme Application

I apply to become an appointed Affiliate of Energy for Health Ltd and to promote for retail sale the products offered by Energy for Health Ltd on a non-exclusive basis in accordance with the Affiliate Programme Agreement which I have signed and enclose with this application.

I understand that commission will be paid monthly after expiry of the 30-day product return period, and that if a customer referred by me returns the product, no commission will be payable to me.

Please complete:

Name _____

Company/trading name (if applicable) _____

VAT registration no. (if applicable) _____

Note: if you are now (or later become) VAT registered, you must supply us with a VAT invoice for any commission payments due to you, with VAT added as appropriate

Address _____

Post code _____

Tel. _____

Fax _____

Email _____

I wish to have any commissions due to me paid [*delete as appropriate*]

- by cheque

- to my bank account

My bank account details are: Bank / Building Society

Sort Code:

Account Name:

Account Number:

SIGNED:

DATE:

NAME & POSITION*

PRINT FULL NAME *(& POSITION IF SIGNING ON BEHALF OF A COMPANY OR PARTNERSHIP)