

EasyMate - Distributor Enquiry Form - Confidential

Please complete your details on this form and post or email it back to us. We will contact you within 48hrs. -- Page 1

Your Details: Title: Mr Mrs Ms Other:

First Name: Last Name:

Street Address:

Town / City: State: Postcode:

How long at Address: Own or Rent:

Contact Information:

Home Phone: Mobile:

Email address:

Work Phone: Contact method preferred?:

Work / Employment Information:

Employment Status: Working Fulltime / Working Part-time / Unemployed / Retired / At Home / Student / Other

Occupation: Position:

Employer's Name:

How long employed: Qualifications:

If self employed / student / unemployed etc. please provide brief details:

About You and Your Future:

What are your long or medium term goals?:

What are your best achievements to date?:

Do you desire to be in your own business - if so why?:

Have you ever been in a business venture - if so, brief details:

How would you describe yourself?:

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About Your Knowledge and Experience:

(Please provide some brief details)

Do you have any knowledge or experience in any of these?: Sales / Marketing / Finance / Communication:

.....
.....

Do have any knowledge or experience in these?: Health Industry / Hospitality / Food:

.....

What if any is your interest in the Health area?:

.....

What are your interpersonal or people skills?:

.....

About Your Interest in the EasyMate Distributorship:

(Please provide some brief details)

Briefly tell us what attracts you to be an EasyMate Distributor:

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.....

Which geographic area are you interested in (eg suburbs, towns etc.):

.....

Will you need any financial assistance?:

.....

How soon would you like to start?:

.....

Have you got anything else to tell us that you think is important?

.....

Do you have a business and / or personal reference that you would like to submit now?

(This is not necessary at this stage, but if you think it would assist, please attach it with this form)

Do you have any particular questions for us?:

.....

.....

.....
(your signature)

.....
(date)

Thank you for taking the time to complete this form. Please email or post it to us as soon as possible.