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## Amway South Africa (Pty) Ltd

Registration Number: 2010/018924/07 VAT Registration Number: 4700261094 Head Office – Atlantic Centre, 14 Christiaan Barnard Street, Foreshore, Cape Town, 8000

• Telephone: +27 (0)21 405 1700 • Facsimile: +27 (0)21 405 1716/8 • Email: AmwayOrder.Zaf@Amway.com

## Credit Agreement Plan for Amway iCOOK™ Stainless Cookware

I hereby agree to e	nter into a Credit Agreement Plan for Am	way iCOOK™ Stainless 0	Cookware:	ORDE	R No.:
APO Numbor:		ID N	Jumbor:		
Title:					
` '	3:	,			
	Postal Code:			Postal Code:	
Home Tel No.: (	)	Wo	rk Tel No.: (	)	
Years at current ad			rs with current er	nployer:	<u></u>
If less than two yea	rs - previous address:				
Home owner:	Tenant	<u> </u>		Other (specify):	
Monthly mortgage p		y rent payment: R		Other monthly pa	yments: R
Department	NAME	BRANCI	1	ACCO	UNT NUMBER
stores, etc.					
	minimum qualification criteria of R500		monthly income	after tax: R	
	mway South Africa (Pty) Ltd was earned:				
(refer to Conditions	)				
CONDITIONS:	A DE LES CONTRACTOR DE LA CONTRACTOR DE	)   A O     - A 5 / D	NI III and Carra and I	(0)	
	greement Plan is only valid for registered ABC Plan is only offered to ABOs who have earned				
•	greement Plan attracts 0% interest.	COMMISSION OF ACTEAST ROOM	vitiliti ariy one mont	i during the last six i	monus.
	Agreement Plan applies only to the Amway iCC	OK™ Stainless Cookware.			
	e iCOOK™ Credit Agreement Plan at a time p				
	Pty) Ltd will ship the merchandise as soon as t		confirmed after which	h full PV/BV will be	given.
	It in PV, commissions and qualifications being				
	Pty) Ltd reserves the right to deduct any balance				
	Plans will be processed within five wo				
	ast SOUTH AFRICAN working day pric ard deposits which decline after the c				
	Pty) Ltd reserves the right to grant facilities at i	•		wing calcilaar ii	nontin.
	nember of a Line of Sponsorship (LOS) in whi		rrears or have falle	n outside of the agr	reed terms will not be entitled
to enter into additiona	Credit Agreements until such time that such	delinquent agreements, as a	pplicable to that LO	S, are returned to t	the agreed payment terms or
application criteria as	the case may be.				
CREDIT AGREEM	ENT PLAN*				
Item no.	Description:				
Deposit: R	Five monthly instal	ments of: R			
*Please refer to the in-	stalment plan and credit agreement schedule f	or prices which is available o	n the website.		
PAYMENT METHO	D: Please make a cross				
☐ Bank Transfer/M	65 (Remember to fax proof of payment a	nd to make reference to t	he relevant order	number)	
☐ Credit Card	Credit Card Number:			Expiration date:	
	card, I hereby give Amway South Africa (Pty) Ltd permis onth, until full and final payment has taken place. If I che ach month.			onthly payments, accord	ding to the iCook Credit Agreement
I hereby accept by my sign true and complete. I confir that if you decline this app	andure to enter into the iCook Credit Agreement Plan of m, to the best of my knowledge, I am in good health. I a ication no reason may be given. If I am between (18) e	authorise you to make any enquirie ighteen and (21) twenty-one years	s that you may deem n	ecessary in connection	with this application. I understand
Signature:		Date:			If you wish to order other
Guardian:	(Where legally necessary)	Date:			Amway products you have to make a separate order.