



NORTHERN LIGHTS

at Home®

PRESENTER APPLICATION FORM

For your convenience, this application is also available on-line at www.NorthernLightsatHome.com

FOR OFFICE USE ONLY

Date _____
 Initial _____
 PIN# _____
 Unit _____

PERSONAL

please print clearly

Name _____
First Last Middle Initial

Home Phone _____ / _____ / _____ Work Phone _____ / _____ / _____ Ext. _____

Email Address _____ Date of Birth _____

Mailing Address _____
Number Street

City State Zip Code County

Shipping Address _____
(if different) no P.O. boxes
Number Street

City State Zip Code County

Social Security # _____ Drivers License # _____ State _____

INTRO COLLECTION OPTIONS

REGULAR INTRO COLLECTION

Includes a basic assortment of candles and accessories, plus sales aids

Your Wholesale Cost: \$149

PERFECT INTRO COLLECTION

Includes the perfect assortment of candles and accessories, plus sales aids.

Your Wholesale Cost: \$199

IDEAL INTRO COLLECTION

Includes a wide assortment of candles and accessories, plus sales aids.

Your Wholesale Cost: \$249

SAVE 50% ON EVERY COLLECTION

SHIP PICK-UP

Wholesale cost of Collection Chosen \$ _____
 Add \$10 Shipping (if being shipped) \$ _____
 Add State Sales Tax (See sales tax chart) \$ _____
 TOTAL DUE \$ _____

METHOD OF PAYMENT

Money Order / Cashiers Check / Approved Personal Check
(Please Make Payable to Northern Lights at Home)

Credit Card

circle one

VISA MC DISC

Credit Card Number _____ Exp. Date _____

Signature _____

SPONSOR INFORMATION

Your Sponsor's Name _____ Presenter # _____

Sales Manager _____ Presenter # _____

Applicant's Signature _____ Date _____

My signature confirms that I have read and understand the terms and conditions on the reverse side of this agreement.

INSTRUCTIONS: Sign and forward this application to the Northern Lights at Home Office. Give the yellow copy to your Sales Manager.

(White Copy to Northern Lights at Home Office, Yellow Copy to Sales Manager, Pink Copy for your records)

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