



STOCKIST APPLICATION FORM

NAME _____ USER ID _____

MEMBERSHIP PACKAGE ☐ BRONZE ☐ SILVER ☐ GOLD ☐ DIAMOND

RESIDENTIAL ADDRESS: _____

TEL NO: _____ EMAIL _____

DESCRIBE OFFICE/ CENTER SPACE _____

OFFICE/ CENTER ADDRESS _____

DO YOU HAVE CENTER FOR SEMINARS ☐ YES ☐ NO

CHOOSE STOCKIST CATEGORY

A. MEGA STOCKIST ☐

B. MEDIUM STOCKIST ☐

C. MINOR STOCKIST ☐

ATTESTATION:

1. By signing this form I agree that every information given above is valid and correct to the best of my knowledge
2. I agree completely with the terms of engagement for operating Xbulon Stockist/Collection Center
3. I agree to operate within the legal frame work of Xbulon and comply with the rules.

FIRST NAME

MIDDLE NAME

SURNAME NAME

APPLICANT SIGNATURE

DATE

FOR OFFICE USE

Form Received
& Accessed By:

Remarks:

Status:

Signature

Date:

... the right choice for your health