



YENATI FRAGRANCES

DISTRIBUTOR APPLICATION FORM

<u>For office use:</u>	YF I.D NO:
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PERSONAL DETAILS

NAME: _____

SURNAME: _____

I.D. NUMBER: _____

D.O.B. _____

PHYSICAL ADDRESS: _____

CONTACT TEL: _____

EMAIL: _____

COUNTRY: _____

OTHER INTERESTS: _____

NAME & CONTACT OF A PERSON THAT MIGHT BE INTERESTED: _____

HOW DID YOU HEAR ABOUT US? _____

ORDER FORM

PERFUME NUMBER	PERFUME NAME	QUANTITY	AMOUNT
TOTAL			

Thank you for joining YENATI FRAGRANCES.

Our offices will contact you shortly with your membership and payment details.

Psalm 90:17 - May the Lord God show us His approval and make our efforts successful.