Business Team
Power of Three Marketing
Tel: 082 500 2785…. … Fax: 087 8075446 …… e-mail: info@pgn.co.za …….web: www.pgn.co.za

MARKETER APPLICATION FORM

ID Number:																						
Surname:																						
First Names:																						
Tel Home:																						
Tel Work:																						
Cell Number:																						
Street address:																						
Suburb:																						
Town/City:																						
Postal Code:																						
E-Mail :																						

I apply to become a BUSINESS TEAM MEMBER and commence business in my own right

I wish to gain access to the wholesale products and services of affiliated companies
I wish to gain access to training in the marketing and business building system.
I wish to receive commission and bonus in accordance with the remuneration schedule.
I wish to earn income by referring business to the affiliated companies in the following aspects.

Airtime ☐ **Health** ☐ **Websites** ☐ **D-Fuze** ☐

I wish to be considered for a leadership position … Mark with '**X**' **yes** ☐ **no** ☐

DO YOU HAVE ACCESS TO AN INTERNET CONNECTED COMPUTER **yes** ☐ **no** ☐

Town of Birth															

INTRODUCED BY																							

BANK NAME:(for commissions)……
ACCOUNT NAME:……..
ACCOUNT No:…….
Branch:……..
Branch Code:…….
Account Type: (Saving, cheque) ……..

DATE :…… SIGNATURE……