

**SHIPPING INFORMATION** (Complete if shipment is to other than Independent Consultant's address.)

Ship to \_\_\_\_\_ C/O \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

#### METHOD OF PAYMENT

Credit Card:

☐ MasterCard    ☐ Visa    ☐ American Express

**Credit Card Number:**

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Expiration Date \_\_\_\_\_ / \_\_\_\_\_

I authorise Arbonne to charge the above Order Total for this order. There are any miscalculations, Arbonne will contact you to arrange a revised authority. For further information please contact Arbonne Customer Service at 1800 650 760.

Amount applied to this order \$ \_\_\_\_\_

Cardholder's Name (PRINTED)

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Cardholder's Phone \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_


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☐ Tick here if using more than one credit card, and attach information on a separate sheet.

Total amount of credit card charges applied to this order \$ \_\_\_\_\_

**Shipping Rates**  
**Product Order Total (GST Inclusive)**  
 (RRP in \$AUD)  
 500+ QV — FREE  
 <500 QV — \$10.00

You may cancel this transaction at any time prior to midnight of the 10th calendar day following the date of this transaction, if this transaction includes your initial application and Welcome Kit purchase. See reverse side of this form for further explanation of your cancellation rights.

 Arbonne is a Member of the Direct Selling Association of Australia and Subscribes to the DSAA Code of Practice. [directselling.org.au](http://directselling.org.au)

Please send completed form and payment to:  
Arbonne International, LLC c/o  
Arbonne Australia PTY LTD  
Locked Bag 3014  
St. Marys, NSW 1790  
Fax (02) 9743 6228

OR, order toll-free 1800 650 760  
Monday–Friday: 8 a.m.–6 p.m. AEST (Sydney)

OR, online @ arbonne.com

On the last business day (Close Day) of the month, all Internet orders must be received by 11:59 p.m. AEST and all telephone, fax and mail orders must be received by 7 p.m. AEST to be processed that day and applied to the current calendar month.

<b>OFFICE USE ONLY:</b>
Date Rec'd
Amt. Rec'd
MO#
\$-Other
DB/CR
To be chg'd
Chg. approval #
Processed by
Order #

**Attached to this order, please find** (tick all that apply): ☐ Additional Consultant Product Order Form(s)  
☐ Independent Consultant Application & Distribution Agreement\* ☐ Business Aids Price List

Total # of pages faxed:

\*Must be attached if order includes an Arbonne Independent Consultant Welcome Kit or Preferred Client Upgrade Fee

## NOTICE OF RIGHT TO CANCEL

You may CANCEL this transaction, without any penalty or obligation, within 10 CALENDAR DAYS from the date on which it was executed. If you cancel, any payments made by you under the contract or sale — and any negotiable instrument/s executed by you — will be refunded within 10 BUSINESS DAYS following receipt by Arbonne of your Cancellation Notice.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale. Or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your Cancellation Notice, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for the performance of all obligations under the contract.

To cancel this transaction, mail or deliver a signed and dated copy of this Cancellation Notice, or any other written notice, to Arbonne International, LLC c/o **Arbonne Australia Pty. Ltd., Locked Bag 3014, St. Marys, NSW 1790**, or send a fax to Arbonne at **(02) 9743 6228** NO LATER THAN MIDNIGHT of the 10<sup>th</sup> calendar day following the date on which you executed the Agreement.

Arbonne Independent Consultant \_\_\_\_\_

Arbonne ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## I HERBY CANCEL THIS TRANSACTION

Name [written] \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

