



WINALITE SUCCESS CENTER APPLICATION

Important: Please read the Terms and Conditions before filling out the application form.

2 x 2 ID

Referred by:	Contact No.	Code no:
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SUCCESS CENTER DETAILS

Area Applied For:	Date of Application:	FOR OFFICE USE ONLY		
Distributors' Name (Surname, First Name, Middle Initial)		Verified by:	Effectivity Date:	WSC Code:
WSC Name		Distributors' Code:	Distributors' Effectivity:	
WSC Business Address		Entry Level: <input type="checkbox"/> GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/> DIAMOND		
Contact Person:		Upgrade Status: <input type="checkbox"/> PLATINUM <input type="checkbox"/> DIAMOND		
WSC Tel. Nos.	WSC Mobile Nos.	WSC E-mail Ad	WSC Upline:	
WSC Fax Nos.			Upline Contact No.	

PERSONAL INFORMATION

Residence Address		Res. Tel. Nos.	Res. Fax Nos.	
		Mobile Nos.	E-mail Ad	
Age	Birthdate (mm/dd/yy)	Status	TIN #	Personal / ID #:
		Highest Educ. Attainment		
Languages/Dialects Spoken:		Occupation / Other Business		
Spouse's Name:		Age	Birthdate (mm/dd/yy)	Wedding Anniversary (mm/dd/yy)
				No. of children:
				Boys: Girls:
Hobbies/ Skills/ Talents:		Awards / Citations received:		
Civic / Extra curricular activities:		Dreams/Goals (short term or long term):		

Previous Sales Experience

Direct Selling Experience:	MLM Experience:
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WSC REQUIRED FACILITIES & EQUIPMENT:

<input type="checkbox"/> Computer	<input type="checkbox"/> Sound System	<input type="checkbox"/> 3 Banks in the area
<input type="checkbox"/> Internet Access	<input type="checkbox"/> LCD Projector	_____
<input type="checkbox"/> Training Room	<input type="checkbox"/> Own Premise	_____
<input type="checkbox"/> Display Cabinet	<input type="checkbox"/> Rented Premise Monthly Rental pHp _____	_____
<input type="checkbox"/> Sales Counter	<input type="checkbox"/> Floor Area _____sqm	_____
<input type="checkbox"/> Transportation accessibility	<input type="checkbox"/> Others _____	_____

Requirements submitted:

<input type="checkbox"/> Filled out application form	<input type="checkbox"/> Proof of Billing
<input type="checkbox"/> 2x2 ID Picture	<input type="checkbox"/> Location Map of Center
<input type="checkbox"/> Photocopy of 1 valid ID	<input type="checkbox"/> Application for Business Permit

BANK REFERENCE:

Name of Bank/s:	Acct. Type:
Branch/Address:	Tel. No:

I hereby certify that the above information is true and correct.

Applicant Signature

APPROVAL (PLEASE SIGN OVER PRINTED NAME)

Evaluated by: _____	Recommended by: _____	Approved by: _____
Sales Assistant _____ Date _____	Sales Manager/Operations Manager _____ Date _____	Finance Manager / Gen Manager _____ Date _____

STATUS OF APPLICATION:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Date Approved: _____	Date Disapproved: _____
Reason for Disapproval: _____	
Disapproved by: _____	

Orientation:

<input type="checkbox"/> SALES	Conducted by: _____	Date _____
<input type="checkbox"/> OPERATIONS	_____	_____
Remarks: _____		

You may use the back portion of this paper for LANDMARKS & SKETCH of WSC location

LANDMARKS:

SKETCH: