



PLEASE PRINT CLEARLY IN CAPITAL LETTERS

Note: Prospects wishing to join ACN should complete the IBO Agreement via:
· acnpacific.com.au or
· an IBOs Distributor Website

Should this form be used to sign-up a new IBO, the IBO is required to contact IBO Services on 1300 767 226 in order to pay the \$549 (including GST) Team Trainer fee.

Applicant section with checkboxes for Individual/Sole Traders, Company, Trust, Partnership. Includes fields for Company/Trust/Partnership Name, ABN, GST registration, personal details (Mr/Mrs/Ms/Miss, Date of Birth, Surname, First Name, Email, Address 1/2, City/Suburb, Postcode, State, Telephone, Mobile).

Sponsor section with fields for ACN Business ID and Name.

Bank Details for all payments by ACN section. Includes a request for direct payments and fields for Account Name, Bank Name, Bank BSB Code, and Account Number.

Signature section. Includes a declaration of age and residency, a statement of understanding of the agreement, and signature boxes for Individual or Partner 1 or Trustee 1, Partner 2 or Trustee 2, and Partner 3 or Trustee 3. Also includes Date and Business ID Number fields.