

Request for Authorization to Sell and Display Amway Products at Temporary Events

This Authorization shall be subject to the terms and conditions stated in Rule 4.3.2 (Selling and Displaying Amway Products at Temporary Events) of the Amway Philippines Rules of Conduct and the Amway XS Products Policy.

ABO Name:	ABO No
Address:	
Contact No:	Email Add:
Signature:	

If this is a collective request including multiple ABOs, please provide the Names, ABO Numbers, and Signatures for all involved. (If more space is needed, continue on the back of this page.)

(ABO Name)	(ABO No.)	(Signature)
(ABO Name)	(ABO No.)	(Signature)
<u>Temporary Event</u>		
Name of the Temporary Event: City:		
Address:		
Phone Number:		
Description of Event:		
Amway Products to be displayed a each product)		
Start Date of Event: Name of the Event Organizer: Phone Number:		

NOTE: The marketing/promotion of Amway products at Temporary Events is only possible if authorized by Amway. In case you intend to utilize marketing materials, only approved Amway materials shall be used. Please describe the marketing material(s) and its intended use below:

By signing below, I (we) affirm the above information is correct and that I (we) have read and understand the conditions stated in Rule 4.3.2 (Selling and Displaying Amway Products at Temporary Events) of the Amway Philippines Rules of Conduct and the Amway XS Products Policy.

I (we) also acknowledge that Amway may deny a request for authorization, or revoke its authorization at any time and for any reason.

ABO Name:	ABO No:
Contact No:	Email Add:
Signature:	Date:
ABO Name:	ABO No:
Contact No:	Email Add:
Signature:	Date:
ABO Name:	ABO No:
Contact No:	Email Add:
Signature:	Date:

Please return to: Amway Philippines LLC. 4F Kentek Bldg. 828 A. Arnaiz Avenue, San Lorenzo Village, Makati City, 1223, preferably <u>30 days but not less than 7 days</u>, before the proposed start date

<u>To be filled out by Amway Philippines</u>

Amway Philippines grants the Amway Business Owner (ABO) the non-exclusive and non-transferable authorization to display and sell Amway products at the temporary event as described above.

(Amway Representative Signature)	Authorization Date:
(Printed Name)	Duration:
(Frinted Name)	
APPROVAL	

Leni P. Olmedo Country Manager