

DAXEN, INC

661 Brea Canyon Road, Ste.6, Walnut, CA 91789
Off (909) 348-0188 - Fax (909) 348-0189
www.dxnusa.com



SERVICE CENTER APPLICATION FORM

I. APPLICANT INFORMATION

NAME:

MEMBER ID: STATUS: SA SR SP SD

ADDRESS:
City: State: Zip:

PHONE NO: FAX NO:

DATE OF BIRTH: dd mm yy SEX: MALE FEMALE

II. SERVICE CENTER LOCATION INFORMATION

CENTER ADDRESS:
City: State: Zip:

PHONE NO: FAX NO:

SERVICE CENTER FLOOR AREA: TOTAL: _____ sq.t. COUNTER/SELLING AREA: _____ sq.f.

SEMINAR/MEETING AREA: _____ sq.f. OTHER FACILITIES: _____

DISTANCE FROM NEAREST SERVICE CENTER: _____ miles

I,with Member Code No: residing at the above stated address formally signify my interest to apply for a Service Center at the above given center address or territory. I promise that I will follow and adhere faithfully to Company's Policies and Procedures on Sales, Operations and Recruitment, Service Center Rules and DXN Distributor's Code of Conduct. I hereby declared that the above information provided by me are true and correct to the best of my knowledge. That the Company reserves the right to disapprove my application for any misrepresentation thereof, and/or cancel the Service Center Memorandum of Agreement for any violation of the above policies, rules and regulation committed by the under-signed.

Signature of the Applicant/Date _____ Recommended by: _____ Signature/Date _____

FOR OFFICE USE ONLY	
(do not fill-up)	
DATE OF APPOINTMENT: <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy	TRIAL PERIOD: <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS
APPLICATION PROCESSED & CHECKED BY: _____	APPLICATION APPROVED BY: _____
Print Name & Signature _____	Print Name & Signature _____