FE.N Consultancy Agreement

FASHION europe.net
The Jeans Network Company

Please fill out in printed letters

1. Applicant

❑ Mr. ❑ Mrs.

Surname/Company _____

First name _____

Date of birth (dd/mm/yyyy) | | | | | | | | |

Phone. _____

Mobile. _____

Email !! _____

Address. _____

Post code/city _____

Country _____

Important notice on e-mail account:

To keep costs as low as possible, FE.N sends invoices and all important information via e-mail.

If you did not fill in your e-mail account, you will not receive all information from FE.N.

We urgently recommend in your own interests to fill in the e-mail address. If you do not have a computer, ask a friend or relative to install a free e-mail address for you (e.g. GMX etc).

Contact us if you need advice!

2. Payment of Starter-Pack

❑ Yes, I bindingly order the starter-package.

No. _____

According to the enclosed overview list of available starter-packs at the time of signing the agreement. I pay via:

❑ Cash on collection
- where: _____
- when: _____

❑ Prepayment on to the account below
(Please wait for our invoice via email)
- and ❑ collection where: _____
- or ❑ delivery (plus postage) after payment

3. Signature

With his/her signature, the applicant assures that he/she has received a copy of this agreement and the FE.N quick introduction in an up-to-date version (both documents are part of the agreement) and the conditions with the regulations in this document.

Signature of Applicant _____

Date (dd/mm/yyyy) | | | | | | | | |

Signature CEO
FASHION europe.net _____

4. Revocabilty clause

The applicant may withdraw from this agreement with FE.N in two weeks after the date of signature. Withdrawal requires the written form and must be delivered by registered mail. The date of the postage stamp is decisive.

Signature of applicant _____

Date (dd/mm/yyyy) | | | | | | | | |

5. Sponsor

Name of sponsor _____

FE.N Number | | | | | | | | | | |

6. Your Commission Account

❑ My commission payments from the purchases of my Downline partners should be made to the following account:

Account holder _____

Bank Institut _____

Location _____

Bank code | | | | | | | | |

Account-No. | | | | | | | | | | | | |

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