



Distributorship Application/Agreement



Unicity Network Philippines, Inc.
Unit G-02, Antel Global Corporate Center,
#3 Julia A. Vargas Avenue, Ortigas Center
Pasig City, Philippines 1600

Date Submitted

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For questions about completing this form, please call our Customer Service Officers.
Contact Nos. (632) 632-9989 / 632-9182 Fax No. (632) 632-9134

Applicant Information

Name (Last, First, Middle Initial) or Business Name * PLEASE PRINT CLEARLY																						Area Code		Phone Number			
Co-Applicant/Spouse Name (if applicable)																						Mobile Phone Number					
Street Address (Current Mailing Address)																		E-mail Address									
City/Province																				Country							

CHECK ONE:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Husband/Wife Co-Applicants	<input type="checkbox"/> Partnership	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/>	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Single				Birth Date (MM/DD/YY)	
			SSS / T.I.N.		<input type="text"/>	

*If applying under a business name, please submit at least one of the following:

- (1) Business Permit
- (2) SEC Registration Certificate along with the names of principal Corporate Officers, Directors and Shareholders
- (3) Articles of Incorporation & By-Laws
- (4) Corporation's Annual returns

Enrolled By:

9 7 9 6 5 1 6 3																					
BA ID No.										Area Code		Phone Number									
S A L A N D A N A N , C Z A R I N A V.																					
Name (Last, First, Middle Initial) or Business Name * PLEASE PRINT CLEARLY																					
Street Address (Current Mailing Address)																					
City																		Mobile Phone Number			

Sponsor:

BA ID No.																					
Name (Last, First, Middle Initial) or Business Name * PLEASE PRINT CLEARLY																					

Payment Information

☐ CASH ☐ CHECK ☐ MASTERCARD ☐ VISA ☐ American Express

AUTHORIZATION NUMBER						CREDIT CARD NUMBER														Expiration Date		
CARDHOLDER'S LAST NAME						FIRST						M.I.										

CHECK NO: _____

ACCOUNT NO: _____

☐ (Optional) I want to participate in the Philippine Easyship program and have attached the Easyship Agreement.

By signing and submitting this form and payment for a BAKit, I acknowledge that I am applying to become a Unicity Network Philippines, Inc. Distributor, also referred to as Business Associate (BA). I certify that I have read the Terms and Conditions on the reverse side of this form. I further certify that I have received, read, and understood the Unicity Network Compensation Plan and the Unicity Network Policies and Procedures, which are incorporated herein and made part of this agreement.

Applicant Signature _____	Co-Applicant/Spouse Signature _____	Date (MM/DD/YY) <input type="text"/>	BA ID No. <input type="text"/>
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