

Please Mail To: Goji Global  
P.O. Box 5400, Milford, CT 06460 USA  
Fax: (203) 882-7255



**Philippines  
Distribution Center (DC)  
Application**

Applicant's Name: \_\_\_\_\_  (Check one) New Application  Change Request  
Spouse's Name (if applicable): \_\_\_\_\_ FreeLife ID#: \_\_\_\_\_  
(if known)  
Business Name (if applicable): \_\_\_\_\_ (if different than applicant name)  
Mailing Address: \_\_\_\_\_  
*Street / Location, City, Province, Country, Postal Code*

Check one to indicate preferred contact phone # and country code  
 Home Phone: ( ) ( ) Fax Number: ( ) ( )  
 Business Phone: ( ) ( ) e-mail: \_\_\_\_\_  
Country applying for: \_\_\_\_\_  
City and State/Province you will be located in: \_\_\_\_\_

Placement Sponsor's Name: \_\_\_\_\_ Placement Sponsor ID#: \_\_\_\_\_  
Enroller's Name: \_\_\_\_\_ Enroller ID#: \_\_\_\_\_

Do you have sufficient funds to purchase 6 cases of FreeLife Himalayan Goji Juice and 6 membership kits to act as inventory in support of others? Please circle.  
YES NO

Do you have a computer with the following capabilities. Please circle.

Internet Access	YES	NO
Email Access	YES	NO
MS OFFICE	YES	NO
MS WORD	YES	NO
MS EXCEL	YES	NO

Please rate your ability or the ability of a person on your staff who will handle communications in English. Please circle.

Spoken English	Fair	Good	Excellent
Written English	Fair	Good	Excellent
Understanding English	Fair	Good	Excellent

Please rate your ability or the ability of a person on your staff who will be USING ONLINE COMPUTER WEBSITE TOOLS for entry of applications, product orders and other management tools. Please circle.

Fair	Good	Excellent
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Please tell us about your business experience.  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your Network Marketing experience.  
\_\_\_\_\_  
\_\_\_\_\_

Submit the above application by Fax or Mail and a GOJI GLOBAL Team member will contact you in a few days.