



DXN INTERNATIONAL PANAMA SA

INDEPENDENT SERVICE CENTER REQUEST (Must be submitted to the Central Office)

1. Applicant Information

Name: _____ Distributor
Number: _____ Status: _____
Address: _____
City: _____ Department: _____
Telephone: _____ Cell: _____
Email: _____
Date of Birth: _____ Gender: _____
Nationality: _____ Religion: _____ Occupation: _____

2. Spouse/Permanent Partner Information

Name: _____ Membership
Number: _____ Date of Birth: _____ Nationality: _____
Religion: _____ Occupation: _____

3. Service Center Location Information

Address: _____
City: _____ Department: _____
Telephone: _____ Cell: _____

Describe the area of the Service

Center: Total _____ (Square Meters)

Sales Area _____ Training Area _____ Other Facilities: _____ Distance to

Nearest Service Center _____ KM

Initial Purchase Amount \$ _____ USD

Billing Date _____

4. Recommended by:

Name: _____ **Distributor**

Number: _____ **Status:** _____

Address: _____

City: _____ **Department:** _____

Telephone: _____ **Cell:** _____

I _____, distributor number _____,

Residing at the address indicated, I demonstrate my interest in requesting an Independent Service Center at the address mentioned above. I swear to follow and comply with the Company's Sales, Operations and Recruiting Policies and Procedures, Independent Service Center Operations Agreement, duties of Independent Service Centers, Rules and Regulations and the DXN Distributor Code of Conduct. I affirm that the information provided above comes from me, is true, correct and to the best of my knowledge. And that the Company reserves the right to disapprove my application for any inappropriate representation and/or void my Service Center contract for any violation of the company's Policies, Standards and Rules committed by the person signing it. All applications will be subject to inspection prior to approval. The Company reserves the right to disapprove the request if it deems necessary without any obligation to provide reasons for such decision. The signed Service Center Application and Service Center Operations Agreement must be completed and submitted to the Company with the relevant requested documents.

Signature of the applicant

Date:

Recommended by:

Date:



DXN INTERNATIONAL PANAMA SA

**SERVICE CENTER REQUEST LOCATION
MAP**

Please make or attach a map or sketch of the location of the Service Center making reference to the surrounding landmarks, such as Main Avenues, Covered Areas, Signs, Churches, Buildings, Banks, Schools, etc.