



CITIBANK INTEREST FREE INSTALMENT PAYMENT PLAN FORM



PRODUCT OFFLINE / FAX ORDER FORM

Distributor ID Number:	Full Name:	Date:
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Please check ONLY one location or method of collection:

- Pick Up KL Showcase
 Pick Up JB Showcase
 Pick Up Penang Showcase
 Pick Up Kota Kinabalu
 Pick Up Kuching
 Delivery

Receiver's Full Name:	Phone Number:
Delivery Address:	

Method of Payment: Visa Mastercard

Card Holder's Name:	Expiry Date:	CVV No:	Card Holder's Phone No:
Credit Card Number:		Card Holder's Signature:	

***Interest Free payment available for Citibank credit card holders:-**

- Citibank 6 months
 Citibank 12 months

I _____ NRIC _____ hereby authorize Nu Skin (Malaysia) Sdn Bhd to charge my credit card for the sum of RM _____ for product order made under the above distributor ID.

Code	Product Description	Quantity	Price	PSV
		Total		

*Please fill-in below column if you are placing this order on behalf of your downlines/customers.

Order By : (Nu Skin ID)	Full Name :
Phone No :	Signature :

NOTE:

*Please complete ALL details to avoid process delay.

*This order will not be processed without the card holder's signature and authorization approval.