

## MAYBANK INTEREST FREE INSTALLMENT PAYMENT PLAN FORM



| Distributor ID Number:   | Full Name:   |                          | Date:                     |                |  |
|--|--|--------------------------|---------------------------|----------------|--|
| Please check ONLY one loc  | ation or method of collection:   |                          |                           |                |  |
| ☐ Pick Up KL Showcase ☐ Pick Up JB Showcase                              |  |                          | ☐ Pick Up Penang Showcase |                |  |
| ☐ Pick Up Kota Kii   | nabalu   | ng                       |                           |                |  |
| ☐ Delivery   |  |                          |                           |                |  |
| Receiver's Full Name:  |  | Phone Number:            |                           |                |  |
|  |  |                          |                           |                |  |
| Delivery Address:  |  |                          |                           |                |  |
|  |  |                          |                           |                |  |
| Mathad of Daymant  |  | Maatanaand               |                           |                |  |
| Method of Payment:□Visa□Card Holder's Name:Expiry Date:                  |  | Mastercard CVV No:       |                           |                |  |
| Card Holder S Name.  | Expiry Date.   | CVVINO.                  | Card Holder STilo         | me no.         |  |
| Credit Card Number:  |  | Card Holder's Signature: |                           |                |  |
|  |  |                          |                           |                |  |
|  |  |                          |                           |                |  |
| *Interest free payment a   | vailable for Maybank credi   | t card holders:-         |                           |                |  |
| □ Maybank 6 months   | □ Maybank 12 months  |                          |                           |                |  |
| ☐ Maybank 6 months   | ☐ Maybank 12 months  |                          |                           |                |  |
| I  | NRIC   | hereby aut               | horize Nu Skin (Mala      | aysia) Sdn Bhd |  |
| to charge my credit card for   | NRICfor the sum of RMfor the sum of RM | or product order mad     | le under the above dis    | tributor ID.   |  |
| Code   | Product Description  | Quantity                 | Price                     | PSV            |  |
| Code   | Troduct Description  | Quantity                 | THE                       | 134            |  |
|  |  |                          |                           |                |  |
|  |  |                          |                           |                |  |
|  |  |                          |                           |                |  |
|  |  |                          |                           |                |  |
|  |  |                          |                           |                |  |
|  |  | Total                    |                           |                |  |
|  |  | Total                    |                           |                |  |
| *Please fill_in helow column   | if you are placing this order or   | hehalf of your down      | nlines/customers          |                |  |
| *Please fill-in below column if you are placing this order of Order By : |  | Full Name :              |                           |                |  |
| (Nu Skin ID)   |  |                          |                           |                |  |
| Phone No :   |  | Signature :              |                           |                |  |

## NOTE:

<sup>\*</sup>Please complete ALL details to avoid process delay.

<sup>\*</sup>This order will not be processed without the card holder's signature and authorization approval.