

# Purchase Agreement And Tax Invoice New Zealand

## Brand Affiliate Copy\*

**Nu Skin Enterprises New Zealand, Inc.** PO Box 107145 Auckland Airport, Manukau 2150  
**Phone:** (649) 254 4180 **Email:** [dsnewzealand@nuskin.com](mailto:dsnewzealand@nuskin.com) **Website:** [www.nuskin.co.nz](http://www.nuskin.co.nz)

## **IMPORTANT NOTICE TO THE CUSTOMER**

You have a right to cancel this agreement within 5 business days from and including the day after you signed or received this agreement.

Details about your additional rights to cancel this agreement are set out in the information attached to this agreement.

BRAND AFFILIATE NAME (SUPPLIER): \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CUSTOMER NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The Supplier agrees to sell to the Customer and the Customer agrees to purchase from the Supplier the products for the price and other charges, and subject to the other terms specified in this Agreement.

**DELIVERY DATE:** \_\_\_\_\_

By signing this Purchase Agreement ("Agreement"), I agree to Nu Skin New Zealand's Privacy Policy published on [http://www.nuskin.com/en\\_NZ/corporate/legal/privacy\\_statement.html](http://www.nuskin.com/en_NZ/corporate/legal/privacy_statement.html). I understand that the Supplier may provide a copy of this Agreement, any data provided on this Agreement, including any of my personal information regarding the sale that is in this Agreement, to Nu Skin New Zealand and its affiliated companies ("Nu Skin") for the purpose of (i) retail sales verification in accordance with Nu Skin's Policies and Procedures or an associated investigation, and (ii) collecting aggregated general data about retail sales and Nu Skin's customer base. I hereby give my consent to the Supplier for the collection, use and disclosure of my personal information given in this Agreement for the purposes referred to above, and I expressly understand and consent to Nu Skin's disclosure of such data to third parties if Nu Skin has a good faith belief that it is required to do so by law or legal process, to respond to claims, or to protect the rights of Nu Skin, or if Nu Skin reasonably believes that there is a serious threat to public health or public safety or to my life or health or life or health of others.

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Nu Skin Enterprises New Zealand Inc. is a member of the Direct Selling Association of New Zealand Inc. and subscribes to the DSA Code of Practice. [www.dsanz.co.nz](http://www.dsanz.co.nz)

NU SKIN 100% RETAIL MONEY BACK GUARANTEE

**Nu Skin 100% RETAIL MONEY BACK GUARANTEE**  
At Nu Skin we pride ourselves on providing you with only the best quality products. If you are not entirely satisfied with your purchase we will gladly refund your money. In addition to any of your statutory rights as a retail customer you may for any reason, within thirty (30) days of purchasing, request from your Nu Skin Brand Affiliate a 100% refund of the purchase price. Please provide the retail receipt with the returned products.

 NUSKIN®

Section 36L Fair Trading Act  
Cancellation Notice - Uninvited Direct Sales Agreement  
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**RIGHT TO CANCEL THIS AGREEMENT WITHIN 5 WORKING DAY COOLING-OFF PERIOD**

You have a right to cancel this agreement without any reason within 5 business days from and including the day after you received this agreement.

You can cancel this agreement by contacting the supplier, either orally or in writing.

To cancel this agreement orally, call the supplier at the number on the front page of this agreement. To cancel this agreement in writing, complete this notice and send it to the supplier. Alternatively, write a letter or send an email to the supplier.

**SUPPLIER DETAILS (TO BE COMPLETED BY THE SUPPLIER)**

NAME OF SUPPLIER: _____
STREET ADDRESS: _____
PHONE: _____ FAX: _____ EMAIL: _____
DETAILS OF GOODS OR SERVICES SUPPLIED UNDER THE AGREEMENT: _____ _____ _____ _____
COST OF GOODS OR SERVICES: _____
DATE OF AGREEMENT: _____
TRANSACTION NUMBER (if any): _____

**CONSUMER DETAILS**

NAME OF CONSUMER: _____
CONSUMER'S STREET ADDRESS: _____

**I WISH TO CANCEL THIS AGREEMENT**

SIGNED BY THE CONSUMER: \_\_\_\_\_

DATE: \_\_\_\_\_

Note: You must either return to the supplier any goods supplied under the agreement or arrange for the goods to be collected.