

## Independent Demonstrator Application



® OBJECT STAINS. ASSOCIATION			DATE :		
P.O. Box 550 Riverton, UT 84065-0550	Check here if indicating cha Check here if you have prev Stampin' Up! demonstrator	ange of information only viously been a	Note: Please print blue or black ink. Submit signed cop agreement and ap	clearly with	
APPLICATION FOR INDEPE	NDENT DEMONSTRATOR		i i		
NAME LAST:	FIRST:		MIDDLE:		
MAILING ADDRESS:					
CITY:	COUNTY:	STATE:	ZIP CODE + 4:	<del>-</del>	
SHIPPING ADDRESS (NOT A P.O. BO	X):				
CITY:	COUNTY:	STATE:	ZIP CODE + 4:	-	
TAX RATE:%	INSIDE CITY LIMITS?	YES NO			
E-MAIL:					
DAYTIME TELEPHONE: [ ]	HOME TELEPHONE: [	]	FAX: [ ]		
By my signature below, I acknowledge I have carefully read.	I am at least 18 years of age and I agree to be	e bound by the terms of the attached	d Independent Demonstrato	r Agreement, which	
SIGNATURE:					
SOCIAL SECURITY #:	DA1	TE:	_		
ADDITIONAL INFORMATION	ON (Optional)				
APPLICATION FOR SUPPOR	GENDER: MALE  RTING INDEPENDENT DEMONST		SECONDARY: ENGLIS	H SPANISH H SPANISH	
NAME LAST:	FIRST:		MIDDLE:		
SIGNATURE :					
SOCIAL SECURITY #:			DATE:		
UPLINE INFORMATION ( Re	cruiter cannot be the legal spouse of the	applicant.)			
RECRUITER'S NAME LAST:		FIRST:			
ADDRESS:					
CITY:	COUNTY:	STATE:	ZIP CODE + 4:		
DEMONSTRATOR #:  TELEPHONE #: [ ]  E-MAIL:	independent demonstrato techniques, company prod mutual success.	As the recruiter, I understand that the company advises I assist the above applicant in becoming a successful independent demonstrator with training in product-usage techniques, sales techniques, business-building techniques, company procedures, company policies, and proper completion of order forms, for our mutual success.			
	SIGNATURE:		DATE:		
STAMPIN' UP! USE ONLY					
APPLICATION APPROVED BY:			DATE:		
KIT KEYED BY:			DATE:		
DEMONSTRATOR KIT NUMBER:		DEMONSTRATOR NUMBER			