



Independent Demonstrator Application



DATE: _____

P.O. Box 550
Riverton, UT 84065-0550

- Check here if indicating change of information only
- Check here if you have previously been a Stampin' Up! demonstrator

Note : Please print clearly with blue or black ink.

Keep agreement for your records and submit **signed** application only.

APPLICATION FOR INDEPENDENT DEMONSTRATOR

NAME LAST: _____ FIRST: _____ MIDDLE: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE + 4: _____

SHIPPING ADDRESS (NOT A P.O. BOX): _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE + 4: _____

TAX RATE: _____% INSIDE CITY LIMITS? YES NO

E-MAIL: _____

DAYTIME TELEPHONE: [] _____ HOME TELEPHONE: [] _____ FAX: [] _____

Do you wish to be considered for inclusion in the referral program? (see section 14 attached)

YES NO

By my signature below, I acknowledge I am at least 18 years of age and I agree to be bound by the terms of the attached Independent Demonstrator Agreement, which I have carefully read.

SIGNATURE: _____

SOCIAL SECURITY #: _____ DATE: _____

ADDITIONAL INFORMATION (Optional)

DATE OF BIRTH: _____

GENDER: MALE FEMALE

APPLICATION FOR SUPPORTING INDEPENDENT DEMONSTRATOR (Must be legal spouse. See Section 8 attached.)

NAME LAST: _____ FIRST: _____ MIDDLE: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____ DATE: _____

UPLINE INFORMATION (Recruiter cannot be the legal spouse of the applicant.)

RECRUITER'S NAME LAST: _____ FIRST: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE + 4: _____

DEMONSTRATOR #: _____

TELEPHONE #: [] _____

E-MAIL: _____

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: C. Elaine Case DATE: _____

STAMPIN' UP! USE ONLY

APPLICATION APPROVED BY: _____ DATE: _____

KIT KEYED BY: _____ DATE: _____

DEMONSTRATOR KIT NUMBER: _____

DEMONSTRATOR NUMBER ASSIGNED: _____