



# 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: [ ] \_\_\_\_\_

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

## STAMPIN' UP! USE ONLY

APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

KIT KEYED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEMONSTRATOR KIT NUMBER: \_\_\_\_\_

DEMONSTRATOR NUMBER ASSIGNED: \_\_\_\_\_