



# 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.Submit signed copies of **both** the agreement and application.

## 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 LANGUAGE PRIMARY:  ENGLISH  SPANISHSECONDARY:  ENGLISH  SPANISH

## 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: Celona FIRST: AmyADDRESS: 1115 Thunder Hill RoadCITY: Lincoln University COUNTY: Chester STATE: PA ZIP CODE + 4: 19352 -DEMONSTRATOR #: 4652TELEPHONE #: [610] 255-1660E-MAIL: amy@ustamp4fun.com

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: \_\_\_\_\_