

Independent Demonstrator Application



® DBRCT SELL ASSOCIATION	ER ING ON			DATE:	
P.O. Box 550 Riverton, UT 84065-0550		neck here if indicating chang	,	Note: Please print blue or black ink.	,
		neck here if you have previo nampin' Up! demonstrator	usly been a	Submit signed cop agreement and ap	
APPLICATION FOR INDEPE	NDENT DEM	MONSTRATOR			
NAME LAST:		FIRST:		MIDDLE:	
MAILING ADDRESS:					
CITY:		COUNTY:	STATE:	ZIP CODE + 4:	-
SHIPPING ADDRESS (NOT A P.O. BOX	X):				
CITY:					
TAX RATE:%		INSIDE CITY LIMITS?	YES NO		
E-MAIL:					
DAYTIME TELEPHONE: []		HOME TELEPHONE:]	FAX: []	
By my signature below, I acknowledge have carefully read.	I am at least 18 y	ears of age and I agree to be bo	ound by the terms of the attached	I Independent Demonstrato	or Agreement, wh
SIGNATURE:					
SOCIAL SECURITY #:		DATE	:		
APPLICATION FOR SUPPOR					,
NAME LAST:		FIRST:		MIDDLE:	
SIGNATURE :				ı	1
SOCIAL SECURITY #:				DATE:	
UPLINE INFORMATION (Re			•		
RECRUITER'S NAME LAST: MOR			FIRST: Kll	MBERLEY	
ADDRESS: 7270 HOLLAN					
CITY: COLORADO SPRI	.NGS	COUNTY: <u>EL PAS</u>	O STATE: CC) ZIP CODE + 4: <u>80</u>	919 -
DEMONSTRATOR #: 1496			that the company advises I assist		
TELEPHONE #: [719] 205-5	5957	techniques, company proced	with training in product-usage tecl dures, company policies, and prop		
E-MAIL:		mutual success.	1 - 10 - 11		
ocrastistamper@gm		SIGNATURE:	ibertenz MoniS_	DATE:7	1 201
STAMPIN' UP! USE ONLY					
APPLICATION APPROVED BY:				DATE:	
KIT KEYED BY:				DATE:	
			25140		
DEMONSTRATOR KIT NUMBER:			DEMONSTRATOR NUMBER	ASSIGNED:	