



Independent Demonstrator Application

Stampin' Up!® New Zealand Ltd.
IRD 95-412-513

DATE : ____|____|____

Stampin' Up! New Zealand Ltd.
Level 20, ASB Centre
135 Albert Street
Auckland 1010
0800 202 722

MAIL TO:
Stampin' Up! New Zealand Ltd.
PO Box 60450
Titirangi
Auckland 0642

- 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.

APPLICATION FOR INDEPENDENT DEMONSTRATOR

NAME FAMILY: _____ GIVEN: _____

MAILING ADDRESS: _____

SUBURB: _____ CITY: _____ POSTCODE: _____

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

SUBURB: _____ CITY: _____ POSTCODE: _____

E-MAIL ADDRESS: _____

DAYTIME TELEPHONE: _____ HOME TELEPHONE: _____ FAX: _____

Do you wish to be considered for inclusion in the referral program? (see Section 15 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: _____ DATE: ____|____|____

IRD NUMBER: _____

ADDITIONAL INFORMATION (Optional)

D.O.B.: ____|____|____

SEX: MALE FEMALE

Are you registered for G.S.T.? YES NO GST#: _____

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

NAME FAMILY: _____ GIVEN: _____

SIGNATURE: _____ DATE: ____|____|____

UPLINE INFORMATION (Recruiter cannot be the legal spouse/de facto partner of the applicant.)

RECRUITER'S NAME FAMILY: _____ GIVEN: _____

ADDRESS: _____

SUBURB: _____ CITY: _____ POSTCODE: _____

DEMONSTRATOR #: _____

TELEPHONE #: _____

E-MAIL ADDRESS: _____

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: ____|____|____

WELCOME CALL MADE BY: _____ DATE: ____|____|____

FOLLOW-UP CALL MADE BY: _____ DATE: ____|____|____

DEMONSTRATOR KIT NUMBER: _____ DEMONSTRATOR NUMBER ASSIGNED: _____