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# 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

## 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: \_\_\_\_\_

**PRESS HARD – YOU ARE MAKING 2 COPIES**

WHITE – MAIL TO STAMPIN' UP!

YELLOW – NEW DEMONSTRATOR COPY

04/08\_NZ