



Independent Demonstrator Application

Stampin' Up!® Canada ULC
dba Stampin' Up!®

GST 864310818
QST 1200107116

DATE: _____

Suite 330– 2618 Hopewell Place NE
Calgary, AB T1Y 7J7
(403) 291-4585 | (403) 291-4588 fax
(800) 782-6787 | (800) STAMPUP

(Faxed forms cannot be processed.)

- 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: _____ PROVINCE: _____ POSTAL CODE: _____

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

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

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 INSURANCE #: _____ 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 INSURANCE #: _____ DATE: _____

UPLINE INFORMATION (Recruiter cannot be the legal spouse of the applicant.)

RECRUITER'S NAME LAST: _____ FIRST: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

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: _____

DEMONSTRATOR KIT NUMBER: _____

DEMONSTRATOR NUMBER ASSIGNED: _____