



**paparazzi™**

**USA**

**INDEPENDENT CONSULTANT AGREEMENT AND APPLICATION**

Amended Consultant ID Number: \_\_\_\_\_

**APPLICANT INFORMATION**

Account Owner (Required) Last Name	First Name	Middle Initial
Social Security/EIN/Tax ID (Required)		
Birth Date	Cell Phone	Fax
Home Phone	Email Address	
Business Name (Optional - must tie to the Tax ID provided)		

**CO-APPLICANT INFORMATION**

Account Owner (Required) Last Name	First Name	Middle Initial
Birth Date		
Home Phone	Cell Phone	Fax
Email Address		

Mailing/Commission Address (Address which will be billed and commission earned sent to)		
City	State	Zip
Shipping Address (if different, where product is to be shipped. Note: We cannot ship to USPS P.O. boxes.)		
City	State	Zip

**SPONSOR INFORMATION**

Sponsor ID Number	Name	Phone Number
3604	LaTanya Stewart	302-545-6821

**PLACEMENT INFORMATION**

<input checked="" type="checkbox"/> Same as Sponsor Information	Placement ID	Name
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**ORDER INFORMATION**

CHECK ONE	ITEM DESCRIPTION	PV	WHOLESALE PRICE
	Starter Kit; Preview Pack (Jewelry Only)	70	\$99.00
	Starter Kit; Small Home (Jewelry/Hair Accessories)	240	\$299.00
	Starter Kit; Large Home (Jewelry/Hair Accessories)	400	\$499.00

**PAYMENT INFORMATION:**  VISA  MASTERCARD  AMEX  DISCOVER  SALES TAX: Local Sales Tax rates will apply to your purchase

Credit Card Number	Exp. Date
Billing Address	
City	State
CCV	Zip
Name on Card	
Signature	
Date	

I have carefully read the Terms and Conditions on the back of this application, the Paparazzi Policies and Procedures, and the Paparazzi Compensation Plan and agree to abide by all terms set forth in these documents. I understand that I have the right to terminate my Paparazzi business at any time, with or without reason, by sending written notice to the company at the address listed below. I understand that this Independent Consultant Agreement will not be complete until I submit all signed pages.\*

Primary Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_