



USA

INDEPENDENT CONSULTANT AGREEMENT AND APPLICATION

☐ Amended

Distributor ID Number: _____

APPLICANT INFORMATION:

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

JOINT APPLICANT INFORMATION:

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

Mailing/Billing/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 3604	Name LaTanya Stewart	Phone Number 302-545-6821
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PLACEMENT INFORMATION:

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

Your initial order includes the one-time Enrollment Fee. Reference Addendum A for Starter Kit information.

ITEM NO.	CHECK ONE	ITEM DESCRIPTION	PV	WHOLESALE PRICE
P106		Enrollment Fee	N/A	\$40.00
P101		Starter Kit; Small Home (Jewelry Only)	200	\$300.00
P102		Starter Kit; Small Home (Jewelry/Hair Accessories)	200	\$300.00
P103		Starter Kit; Large Home (Jewelry/Hair Accessories)	500	\$700.00
P104		Starter Kit; Boutique (Jewelry/Hair Accessories)	1000	\$1400.00
P105		Starter Kit; Small Event (Jewelry/Hair Accessories)	2000	\$2750.00

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	Zip
Name on Card	CCV	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 above listed address. I understand that this Independent Consultant Agreement will not be complete until I submit all signed pages."

Primary Applicant Signature _____ Date _____

Joint Applicant Signature _____ Date _____

www.PaparazziAccessories.com/3604