

INDEPENDENT DESIGNER/RETAILER APPLICATION AND AGREEMENT



2933 Brown Rd
Marshall, TX 75672

1.800.700.7873
1.800.715.6496 (fax)

Faxing: Print in Black Ink

E-mail: application@celebratinghome.com

*All information must be completed for processing

Social Security Number*		E-mail					
Name of Independent Designer*					Date of Birth*		
Phone #*		Cell #*		Text Messaging* <input type="checkbox"/> Yes <input type="checkbox"/> No			
US Mailing Address (where you receive your mail)*							
City/Town*			State*		Postal Code*		
Shipping Address (No PO Boxes)*							
City/Town*			State*		Postal Code*		
Sponsoring Designer—Last Name* GIESBERS			First Name* TONYA		Sponsor's Designer Number* 10827071		
Designer Opportunity Kit Preference (Check One)*	A (Cooking and Booking) <input type="checkbox"/>	B (Traditional Home) <input type="checkbox"/>	C (Classic Décor) <input type="checkbox"/>	D (Fundraising) <input type="checkbox"/>	E (Scents of Home®) <input type="checkbox"/>	F (Paper Only) <input type="checkbox"/>	
	\$350 Value Merchandise and Paper Supplies \$149.00	\$350 Value Merchandise and Paper Supplies \$149.00	\$350 Value Merchandise and Paper Supplies \$149.00	\$275 Value Merchandise and Paper Supplies \$99.00	\$350 Value Merchandise and Paper Supplies \$149.00	\$39 Value Paper Supplies Only \$39.00	
Language*	<input type="checkbox"/> English			<input type="checkbox"/> Spanish			
Opportunity Kit Fee (Line 1)				_____			
Shipping Fee (\$15 Continental US/Puerto Rico \$25) (Line 2)				_____			
Sales Tax (based on shipping address rate which is _____%) (Line 3)				_____			
Total Amount Due (add lines 1, 2 & 3) (Line 4)				\$ _____			
Method of Payment Must Total Line 4 (checking method of payment provides authorization for credit card payment)							
Credit Card Payment		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express					
Name of Cardholder as it appears on the card				Total Charge			
				\$ _____			
Billing Address of Cardholder			State		Postal Code		
Credit Card Number				Expiration Date			
Other Payment Types		<input type="checkbox"/> Check <input type="checkbox"/> Money Order			Total Paid		
Check/Money Order #					\$ _____		