

# INDEPENDENT DESIGNER/RETAILER APPLICATION AND AGREEMENT



2933 Brown Rd  
Marshall, TX 75672    1.800.700.7873  
1.800.715.6496 (fax)

Home Office Applicable Code:  
\_\_\_\_\_

Faxing: Print in Black Ink

E-mail: [application@celebratinghome.com](mailto:application@celebratinghome.com)

\*All information must be completed for processing

Social Security Number or TIN*		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 (If different than mailing address. No PO Boxes)*				
City/Town*		State*	Postal Code*	
Sponsoring Designer—Last Name*		First Name*	Sponsor's Designer Number*	
Giesbers		Tonya	10827071	
YOUR Business Kit & Supplies Selection	SKU	Description	Cost	Extended Cost
Optional \$20 Wall Art (Select 1)	SKU	Description	Cost	
Optional \$20 Stoneware (Select 1)	SKU	Description	Cost	
Optional Additional Business Builder (Select 1)	SKU	Description	Cost	
<b>Note: A Paper Only Kit (Quick Start) can be selected. Must complete \$300 Retail Sales in the first full month to be in Active Sales. No Shipping Fee is applied. Wall Art, Stoneware, Business Builder Optional Selections not available.</b>			Cost	
			\$39.00	
Language*	<input type="checkbox"/> English <input type="checkbox"/> Spanish		Line 1 Total	
Total Cost of Designer Kit Selection and, if applicable, Optional Kit Selection (Line 1)			_____	
Shipping Fee (Continental US-\$15/Puerto Rico-\$25/Quick Start-Paper Only-No Cost) (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 Month/Year	
Other Payment Types	<input type="checkbox"/> Check <input type="checkbox"/> Money Order		Total Paid	
Check/Money Order Number (Mail In Applications Only)			\$ _____	