ABC FEELINGS HOME BUSINESS OPPORTUNITY–INDEPENDENT DISTRIBUTOR APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE ALL AREAS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Number of children and their ages _____

_____

Telephone (___) _____ Fax Number (___) _____ Email: _____

If under 18, please list age _____ Website address if applicable: _____

Approximate population of community _____

Number of hours per week expecting to work
1-4 _____ 4-7 _____
8-11 _____ 11-15+ _____

Will you be working during the week? _____ Will you be working weekends only? _____

TITLE ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/Bus./Trade				
WORK EXPERIENCE	NAME OF COMPANY	LOCATION	NUMBER OF YEARS WORKED	POSITION

DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No Driver's license number _____ State _____

What is your means of transportation to be able to distribute products? _____

Why do you want to become an Independent Distributor for ABC Feelings?

List ideas that you might have for growing the business and how it involves ABC Feelings:

Please list one reference – which can be relatives or previous employers.

Name _____ Phone _____

I understand that if I am selected to be an Independent Distributor for ABC Feelings, that I will either obtain a resale tax Number or be charged sales tax for all products that I order and that I will be representing myself.

_____ _____
Signature Date

ABC FEELINGS, INC.
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