

FLAIR

Independent Consultant Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	County	
Date of Birth			
Referred By:	Internet <input type="checkbox"/>	Flair Consultant ID # _____	<input type="checkbox"/>
Have you ever worked with this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			

PURCHASE ORDER SUMMARY	
<input type="checkbox"/> Freedom Kit	Price:
Payment <input type="checkbox"/> Money Order <input type="checkbox"/> Cashiers Check <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card Online PAID yes <input type="checkbox"/> no <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date