

Independent Consultant Application and Agreement



Name: First Middle Last Date of Birth

Address: Street City State Zip

Shipping address (if different from above)

Primary Phone Best time to call Secondary phone number (optional)

Email address (required to receive communications) Social Security Number

Sponsor name/number (if applicable)

What are your goals with Allura Designs?

How many hours/week do you anticipate investing to achieve those goals?

How do you currently anticipate selling Allura Designs? (Check all that apply)

Open Houses Cash and Carry Events On-line Fundraisers Other

Select Your Kick-off Kit

Kick-off Kit @ \$149.00
Includes business supplies, catalogs,
displays and over \$550 in Jewelry!

Total Kit Cost: _____

Shipping: **\$9.95**

Sales tax: _____ State: _____ % _____

Special Offer!

**Yes, I want over \$450 in additional
samples for my display for only \$99!!**
Only available with application

Total charge: _____

Blast-off Bonus

Yes, I want to Blast-Off my Allura Designs Business! My award schedule:

I will receive a \$100 Shopping Spree when my Qualified Sales Volume (QSV) totals \$1000 by _____ (Last day of next month)

I will receive ANOTHER \$100 Shopping Spree when my QSV totals \$1000 in the month of _____ (Month after next)

*****If I Blast-Off Both Months, I WILL ALSO RECEIVE \$100.00 CASH!!!*****

