

INDEPENDENT PROFESSIONAL REPRESENTATIVE APPLICATION... AND AGREEMENT

Fill out completely. If you don't have a sponsor, leave that line blank. You must fill in your Social Security Number to receive your monthly checks. If FAXING, please mail the original. Do not mail cash. All major credit cards accepted to speed the shipping of your kit. No C.O.D.s on first time kits!



(PLEASE PRINT)

APPLICANT INFORMATION: (Complete Name and/or Business Name)

Check One: Salon Owner Booth Renter Stylist Student Consultant Other _____

NAME (first, initial, last)

BUSINESS NAME (IF YOU ARE THE BUSINESS OWNER)

STREET ADDRESS (CURRENT MAILING RESIDENCE)

PRODUCT SHIPPING STREET ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS)

CITY _____ State _____

BUSINESS PHONE # - INCLUDE AREA CODE

HOME PHONE # - INCLUDE AREA CODE

FAX NUMBER

E-MAIL ADDRESS

ZIP CODE - FOUR

ZIP CODE - FOUR

Check One:

M F

Birthday

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CURRENT PROFESSIONAL LICENSE NUMBER

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(Individual or Salon License Number)

STATE

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A: Member Only

NOTE: Aec. Inc. CANNOT Process your application without your Social Security or Federal ID Number

SOCIAL SECURITY NUMBER

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FEDERAL ID NUMBER (OR)

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SOCIAL SECURITY NUMBER # 2

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SPONSOR INFORMATION

SPONSOR NAME (First, Initial, Last)

B	A	R	B	A	R	A	P	O	I	N	T	E								
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PHONE # - INCLUDE AREA CODE

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VOICE MAIL NO.

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SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER

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E-MAIL ADDRESS

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I have received, read and understand Amico Educational Concepts Inc. (AEC's) Compensation Plan and Procedures, which are incorporated herein and in the Share The Wealth Manual and made part of this agreement. I acknowledge that I have NO unanswered questions concerning same. I will conduct my membership in accordance with the AEC Compensation Plan and Policies and Procedures, and as they may be amended from time to time. I understand and acknowledge that no person has been authorized to give any information or to make any representation not contained herein or in any AEC literature and, if given or made, such information or representation must not be relied upon as having been authorized by AEC. I further acknowledge that ALL information completed on this application is factual and accurate including Social Security Number or Taxpayer Identification Number. This agreement may be canceled by me at any time by submitting a signed and notarized letter of resignation to AEC. You are not obligated, you can cancel at anytime without any further obligation. This agreement does not require you to purchase any amount of product to join. Membership is FREE!

Your Signature: _____ Date _____

Spouse/Partner Signature: _____ Date _____

Please SEND my Membership Sampler Kit (check one) *Starter Kits are only available for New Members. Existing members may purchase additional kits only to issue to New Members.

- Standard Kit \$59 Relaxer Kit \$25 Jalyd Hair Color Kit \$59 J Color Kit \$99 New Euro Collection Kit \$59
- I have RECEIVED my Opportunity Kit from my sponsor *All Kits include a Business Opportunity Manual

PAYMENT INFORMATION Check Cashier's Chk. Mastercard Visa Discover Other _____

Credit Card Number _____ Exp. Date _____

Cardholder's name (first, initial, last) _____

Status of Members: Please Check One

- A: Member Status** Salon owner, booth renter or school owner who is buying products for use in services and/or retail.
- B: Member Status** Licensed stylist who works full or part time in a salon.
- C: Member Status** Licensed but not working or doing clients at this time.
- D: Member Status** Beauty School student; currently enrolled in school.