



CONSULTANT APPLICATION FORM

Name: _____ Date: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Why would you like to become a Unique Kids Direct consultant?

Which form of selling appeals to you the most?

() Party Plan () Catalogue Selling () Both

List three initial ways in which you plan to get your Unique Kids Direct business started and generate orders?

Signed: _____

All Unique Kids Direct consultants are required to fill in this application form. Once the application form is submitted you will receive a phone call to chat about the Unique Kids business opportunity. Please note that not all applicants will be offered a position and applications will be assessed on the area you are applying to manage. We aim to have consultants spread out in order to widen the opportunities for sales and parties.

**PLEASE FAX THIS APPLICATION FORM TO UNIQUE KIDS DIRECT ON (02) 9979 1164
OR POST TO P.O BOX 782, NEWPORT NSW 2106.**