

Children's Art Cafe

Independent Distributor Agreement

First Name _____ Last Name _____ MI _____

Company Name _____

Web Address _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax Number _____

Social Security Number - To be submitted via a completed and signed W-9 form, sent by fax or mail to the home office.

My W-9 will be Faxed ____ My W-9 will be Mailed _____

Sponsors Name Sponsors ID Number

Please note you may choose one sponsor and this can not be changed! If you do not have a sponsor one will be assigned to you

If you have no sponsor, how did you hear about the Children's Art Cafe /DABADOODLE?

I agree that the above information is complete and true and that I am a legal U.S. Citizen or resident and over the age of 18. _____ **Enter Initials for Acceptance of Term**

As an Independent Distributor I understand that I am not an employee of the Children's Art Cafe and that I am provided no guarantee of income or wages. Any income derived through my association with the Children's Art Cafe will be based solely upon my own efforts to sell and market the products to customers. I agree to be responsible for payment of all applicable State and Federal taxes on all money I earn from the sales of products from this company and on bonuses and incentives. I agree to comply with all Federal, State and local rules and regulations pertaining to Independent Distributors. _____ **Enter Initials for Acceptance of Term**

I agree to sell through personal sales, online sales, catalog sales, mailings, and home office leads. I understand that I may sell products of the Children's Art Cafe in conjunction with other products from other companies, but may not sell them under another company name. I also understand that I may not re-label the product but may add discrete labels with my name, contact, and distributor information. _____ **Enter Initials for Acceptance of Term**

I agree I will not contact suppliers of the Children's Art Cafe and upon termination of this agreement will not start any such business that would be in direct competition with the Children's Art Cafe for a period of two years. _____ **Enter Initials for Acceptance of Term**

I agree to supply the company with a completed W-9 form for reasons that the company will issue a 1099 for any incentives or bonuses I will receive in excess of \$600, and I agree to pay the applicable taxes on those monies. _____ **Enter Initials for Acceptance of Term**

I agree that I will clearly state on all written materials, business cards, stationery, advertisements, etc. that I am in fact an Independent Distributor of said company and this will also include my distributor identification number. _____ **Enter Initials for Acceptance of Term**

I agree to the terms of placing an order once every quarter to keep my status as an Independent Distributor, allowing me a wholesale discount. I agree to any and all quotas placed upon my sales to receive over-rides and bonuses. Should I not keep my status, I agree to pay retail for any further orders through the company and to not resell the products. **I also understand there is a no-return policy on food products.** I also agree to pay any debts I may run with the company. I understand that the products are non-returnable because of their nature and that I am responsible for the orders I place and the quantities ordered. _____**Enter Initials for Acceptance of Term**

Both the Independent Distributor and the Children's Art Cafe may choose to terminate this agreement at anytime for any reason. _____**Enter Initials for Acceptance of Term**

Signature_____ by signing your name here, you are agreeing to the terms of this application.