



Gourmet Consultant Application / Agreement & Kit Request Form
 P.O. Box 540 * Indianola, MS 38751 * (662)887-2522 * fax (888)482 9745

TASTE OF GOURMET
INDIANOLA | MISSISSIPPI

This agreement is made on _____ 20____, between Taste of Gourmet hereinafter referred to as the "company" and _____.

GOURMET CONSULTANT APPLICATION

Name _____
first mi last

Mailing Address _____

City _____ County _____ State _____ Zip _____

Shipping (if different) _____

Home Phone () _____ Work Phone () _____

Birthday ____/____/____ SS# _____ - _____ - _____

E-mail _____

KIT INFORMATION & PAYMENT METHOD

I elect to purchase the following KIT:

Kit Price \$75.00

Shipping \$15.00

Form of payment: Check # _____ Sales Tax () _____

Visa MC Discover AmEx

CC# _____ Exp. _____

OFFICE USE ONLY

INDEPENDENT GOURMET CONSULTANT NUMBER

MY FIRST TASTINGS

We strongly recommend that you book and hold Six Tastings within your first 2 to 3 weeks. This will reinforce the training in the Manual and on the website, increase your comfort level and get your new business off to a Fast Start!

Date Host Name

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Congratulations!

AUTHORIZATIONS

I hereby apply for appointment as a Taste of Gourmet Consultant.

I understand that as a Gourmet Consultant I am not an employee, franchise holder or legal representative for the COMPANY. I understand that I am working as a self employed, independent contractor. As an independent contractor, I am responsible for filing all necessary federal, state and local taxes as may be applicable to my commissions, bonuses, prizes, and any other compensation received from the COMPANY. In particular, I will not be treated as an employee with respect to any services for federal and state purposes. Also, I am not covered by any state Unemployment or Worker's Compensation Act.

I agree to use the Gourmet Consultant Basic Sample & Sales Kit to carry on business. I will represent the COMPANY products in a truthful, sincere, and honest manner, and I will conduct myself in a manner that will reflect the highest standards of integrity and responsibility in keeping with the reputation of the COMPANY.

This agreement incorporates by reference *The Taste of Gourmet Policy Manual* and updates. I understand that any violation of this Agreement may result in cancellation of the Agreement.

I understand that information and materials provided to me contain CONFIDENTIAL AND PROPRIETARY INFORMATION of the COMPANY. I agree not to use, disclose, or reproduce those materials for other than COMPANY business at any time without the express written consent of the COMPANY.

I understand that if I decide to terminate my relationship with the COMPANY, the COMPANY will refund 90% of my purchase price on any unopened current salable product samples or product inventory, determined by such product's commercially reasonable, usable shelf-life purchased within twelve months of the termination date, should I wish to return them. If I decide to terminate within ten (10) days of the purchase, COMPANY will refund 100% of the purchase price of salable products purchased within that ten (10) day period.

Signature _____ Date _____

Recruiters Signature _____ # _____ Date _____

Directors Signature _____ # _____ Date _____