

Independent Beauty Consultant Agreement

For office use only
Consultant No.: _____

2/14

Please complete all spaces in black or blue ink and do not abbreviate unless necessary. Please provide your legal name and write in all capital letters.

Last Name: _____ Date: _____
 Month Day Year

First Name: _____ Middle Name: _____ Driver's License No.: _____

Home Address: _____
 Number and Street (include Apt. No.)

City _____ State _____ ZIP Code _____

Home Phone: _____ A/C _____ Number _____
 Work Phone: _____ A/C _____ Number _____
 Cell Phone: _____ A/C _____ Number _____

Date of Birth*: _____
 Month Day Year
 *Must be 18 years of age or older

I opt to receive text messages from Mary Kay.

E-Mail Address: _____

Your Social Security No.**: _____
**This may be either a Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN). The Company will not accept Federal Employment Identification numbers from partnerships or corporations. Either an SSN or an ITIN is required to avoid Internal Revenue Service and/or any applicable state statutory withholding on all commissions and prizes.

Which of the following best describes your race?***
 White Black or African-American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Other

Which of the following best describes your ethnicity?***
 Hispanic or Latina Not Hispanic or Latina
 ***These questions are optional but will help with marketing research and product development.

Sex: F M

Have you ever been a Mary Kay Beauty Consultant? Yes No If yes, termination year: _____

Under what name: _____ Former Consultant No.: _____

Former Sales Director's name: _____ If yes, have you ever returned product inventory to the Company? Yes No

FAMILY DATA

Married? Yes No Spouse's name (first and last): _____

If married, is your spouse a Mary Kay Beauty Consultant? Yes No If yes, spouse's Consultant No.: _____

Do you have relatives who are Mary Kay Beauty Consultants? Yes No If yes, how many? _____

List name(s), specifying relationship(s): _____

Do you have relatives employed by Mary Kay Inc.? (A corporate employee - not a member of the independent sales force)† Yes No

If yes, how many? _____ List name(s), specifying relationship(s): _____

†The Company reserves the right to accept, not accept or terminate your Independent Beauty Consultant Agreement based on your relationship with a Mary Kay Inc. employee.

RECRUITER'S NAME: _____ Cons. No.: _____

INDEPENDENT SALES DIRECTOR'S SIGNATURE: _____ Unit No.: _____

By my signature below, I verify that the information above is correct. I understand the General Terms and Conditions of this Independent Beauty Consultant Agreement, and I hereby accept those Terms and Conditions and certify that I have the legal capacity to enter into this Agreement. I understand that the recruiter whose name is on this Agreement, submitted to the Company with the Starter Kit payment, will ultimately be the one to receive any recruiter commission on my sales.

YOUR SIGNATURE: _____ Date: _____

Starter Kit Order

STARTER KIT* \$ 100.00

FOUNDATION CHOICES (Choose only one foundation.)
 TimeWise® Liquid Foundation Ivory/Beige Bronze Variety
 OR
 Mary Kay® Mineral Powder Foundation Ivory/Beige Bronze Variety

LITERATURE English Spanish
 (This will apply to all literature preferences.)

SHIPPING AND HANDLING CHARGE \$ _____
 For mainland U.S.A., add \$9.35.
 For Alaska, Hawaii, Guam, Puerto Rico or U.S. Virgin Islands, add \$37.

SUBTOTAL \$ _____

SALES AND USE TAX** Tax @ _____ % of Total \$ _____

TOTAL COST \$ _____

SHIPPING INSTRUCTIONS:
 Hold Starter Kit for pickup at Branch.
 Ship Starter Kit to new Consultant at home address.
 Ship Starter Kit to other address: Sales Director Recruiter Other
 Name: _____
 Address: _____
 City, State, ZIP: _____

MAIL TO:
 Mary Kay Inc.
 P.O. Box 799041
 Dallas, TX 75379-9041

CUSTOMER SERVICE 1-800-272-9333
 (Monday through Friday,
 8:30 a.m. - 5 p.m. local time)

Enclose payment or charge to MasterCard/Visa/Discover/American Express as follows:
 Account Number: Visa requires 13 or 16 digits; MasterCard and Discover require 16 digits;
 American Express requires 15 digits.

Exp. Date: _____ Signature: _____
 MO YR

*The Starter Kit may contain retail-sized product in addition to product samplers. Retail-sized product in the Starter Kit is not intended to be purchased from the Company for resale and is for demonstration purposes only.

**Shipping and handling charges are not taxable in DE, IA, ID, MT, NH, OK, OR, UT and WY.

DO NOT WRITE - FOR OFFICE USE ONLY

CA _____ MO _____ CK _____ MC/V _____ DISC _____ AMEX _____

Postmark: _____ REC: _____