

B.E.A.M.S. Independent Distributor Certification

B.eloved E.ssences A.ncient M.aster S.pirit

Beloved Essences Distributor Training Applicant Questionnaire

Thank you for your interest in becoming a Beloved Essences Independent Distributor. Please complete the following information so we determine the best way we can show up for each other in development and growth. Answer the questions in 25 words or less and return this questionnaire to madalyn@belovedessences.com. Please be sure to check your phone number and email address before sending so I have a valid way of contacting you. Have a fun filled and Awesome day and get Excited!! Things are starting to change in a super positive way!!! 😊

Today's Date:

Name:

Phone:

Cell Phone:

(√ the best number to reach you)

Company Name:

Address:

City, State, Zip:

Time Zone:

Email:

Website:

1. How did you hear about us?

2. What service profession are you in?

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18. Do you feel you are open to new ideas, open to change, coachable and understand that you don't know what you don't know?

19. Are you ready to learn something new and allow totally outside of the box thinking?

20. Are you ready to grow and succeed?

21. On a scale of 1-10, 10 being high, how well do you feel Beloved Essences will merge into or compliment your current business?

22. On a scale of 1-10, 10 being high, how committed are you to investing in yourself in order to be successful in your business?

23. Are you **EXCITED** and **READY** to get started?

24. What else do you want us to know about you?

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Approved Applicants for Independent Distributors will be responsible for obtaining their own tax requirements and sales tax number in their state.