

# CUSTOMER APPLICATION CHAPMAN PRODUCTS CO., INC.

P. O. Box 6533 Greenville, SC. 29607 Tele: (800) 736-5072 / Fax: (864) 288-3647

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

COMPANY NAME	NAME OF PARENT CO. IF APPLICABLE
ADDRESS 1	ADDRESS
2	CITY
3	STATE
CITY	ZIP
PHONE ( )	PHONE
DATE ESTABLISHED	FAX ( )
Please Check Appropriate Box <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<b>OFFICE USE ONLY</b>
<b>NAME OF PRINCIPAL(s)</b>	<b>TITLE</b>
1	
2	
3	
Person(s) Authorized to Sign Checks	Territorial Assessment & Recommendation Customer Class(s) Pleas Check Appropriate Box(s)
1	20 <input type="checkbox"/> Drug Wholesale    26 <input type="checkbox"/> Convenient Store
2	21 <input type="checkbox"/> Drug Chain    27 <input type="checkbox"/> Mass Merchandiser
3	22 <input type="checkbox"/> Drug Independent    20 <input type="checkbox"/> Full Service Distributor
	23 <input type="checkbox"/> Food Wholesale    10 <input type="checkbox"/> Cash n Carry
	24 <input type="checkbox"/> Food Chain    11 <input type="checkbox"/> Chain Beauty
	25 <input type="checkbox"/> Food Independent    13 <input type="checkbox"/> Independent Chain
	14 <input type="checkbox"/> Wholesale B/B    20 <input type="checkbox"/> Chain Salon
	28 <input type="checkbox"/> Rack Jobber    16 <input type="checkbox"/> Beauty Schools
	17 <input type="checkbox"/> Technician    51 <input type="checkbox"/> Military Prof.
	<input type="checkbox"/> Navy Commissary    51 <input type="checkbox"/> Military Special
	<input type="checkbox"/> Gov. & Municipal    52 <input type="checkbox"/> Navy Exchange
<b>REFERENCES - TRADE</b>	No. of Store Accounts Served _____
1 NAME _____ CONTACT _____	Anticipated Monthly Sales \$ _____
ADDRESS _____	Submitted by _____ Date _____
CITY _____ STATE _____ ZIP _____	<b>SALES ADMINISTRATION ONLY</b>
PHONE _____ ACCOUNT # _____	Approved _____ Denied _____
2 NAME _____ CONTACT _____	OFFICIAL CLASS(s) DETERMINATION
ADDRESS _____	Signature _____ Date _____
CITY _____ STATE _____ ZIP _____	Title _____
PHONE _____ ACCOUNT # _____	<b>BRANDS</b>
3 NAME _____ CONTACT _____	_____ Nairobi Professional _____
ADDRESS _____	_____ Nairobi Professional (Retail Only) _____
CITY _____ STATE _____ ZIP _____	_____ Grandma's Secret Potion _____
PHONE _____ ACCOUNT # _____	_____ Grandma's Secret Potion (Retail Only) _____
<b>REFERENCES - BANKING</b>	_____ WA Skin Care _____
1 BANK NAME _____	Assigned Territory _____
ADDRESS _____	Signature _____
CITY _____ STATE _____ ZIP _____	Date _____
CONTACT _____ TITLE _____	
PHONE _____ ACCOUNT # _____	
REMARKS	

I give Chapman Products Co., Inc. the rights to all information regarding the above mentioned company name(s), account(s) with \_\_\_\_\_ Bank including account balance(s), payment history, date opened & yet not exclusive of

ORIGINAL Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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CITY		STATE	ZIP		<b>OFFICE USE ONLY</b>		
PHONE ( )			Territorial Assessment & Recommendation Customer Class(s)				
DATE ESTABLISHED			FAX ( )				
Please Check Appropriate Box			Pleas Check Appropriate Box(s)				
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			20 <input type="checkbox"/> Drug Wholesale     26 <input type="checkbox"/> Convenient Store 21 <input type="checkbox"/> Drug Chain     27 <input type="checkbox"/> Mass Merchandiser 22 <input type="checkbox"/> Drug Independent     28 <input type="checkbox"/> Full Service Distributor 23 <input type="checkbox"/> Food Wholesale     10 <input type="checkbox"/> Cash n Carry 24 <input type="checkbox"/> Food Chain     11 <input type="checkbox"/> Chain Beauty 25 <input type="checkbox"/> Food Independent     13 <input type="checkbox"/> Independent Chain 14 <input type="checkbox"/> Wholesale B/B     20 <input type="checkbox"/> Chain Salon 28 <input type="checkbox"/> Rack Jobber     16 <input type="checkbox"/> Beauty Schools 17 <input type="checkbox"/> Technician     51 <input type="checkbox"/> Military Prof. <input type="checkbox"/> Navy Commissary     51 <input type="checkbox"/> Military Special <input type="checkbox"/> Gov. & Municipal     52 <input type="checkbox"/> Navy Exchange				
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CITY _____ STATE _____ ZIP _____		PHONE _____ ACCOUNT # _____					
2 NAME _____ CONTACT _____		ADDRESS _____					
CITY _____ STATE _____ ZIP _____		PHONE _____ ACCOUNT # _____					
3 NAME _____ CONTACT _____		ADDRESS _____					
4 NAME _____ CONTACT _____		ADDRESS _____		_____ Nairobi Professional _____ _____ Nairobi Professional (Retail Only) _____ _____ Grandma's Secret Potion _____ _____ Grandma's Secret Potion (Retail Only) _____ _____ WA Skin Care _____ _____ Assigned Territory _____ Signature _____ Date _____			
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**SALES ADMINISTRATION COPY**     Date: \_\_\_\_\_     Applicants Signature: \_\_\_\_\_     Title: \_\_\_\_\_

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<b>ADDRESS</b>	_____		
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<b>ADDRESS</b>	_____		
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<b>ADDRESS</b>	_____		
<b>CITY</b>	_____ <b>STATE</b>	_____ <b>ZIP</b>	_____
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I give Chapman Products Co., Inc. the rights to all information regarding the above mentioned company name(s), account(s) with \_\_\_\_\_ Bank including account balance(s), payment history, date opened & yet not exclusive of

**CUSTOMER COPY**      Date: \_\_\_\_\_      Applicants Signature: \_\_\_\_\_      Title: \_\_\_\_\_