

# CUSTOMER APPLICATION

## SPECTRUM COSMETICS LABS, INC.

P. O. Box 130254 Springfield Gardens, NY. 11413 Tele./Fax: (718) 402-5228  
PLEASE PRINT OR TYPE

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

COMPANY NAME	NAME OF PARENT CO. IF APPLICABLE
ADDRESS 1	ADDRESS
2	CITY
3	STATE
CITY	ZIP
PHONE ( )	<b>OFFICE USE ONLY</b>
DATE ESTABLISHED	Territorial Assessment & Recommendation Customer Class(s)
FAX ( )	Pleas Check Appropriate Box(s)
Please Check Appropriate Box	20 <input type="checkbox"/> Drug Wholesale
<input type="checkbox"/> PROPRIETORSHIP	26 <input type="checkbox"/> Convenient Store
<input type="checkbox"/> PARTNERSHIP	21 <input type="checkbox"/> Drug Chain
<input type="checkbox"/> CORPORATION	27 <input type="checkbox"/> Mass Merchandiser
<b>NAME OF PRINCIPAL(s)</b>	22 <input type="checkbox"/> Drug Independent
<b>TITLE</b>	20 <input type="checkbox"/> Full Service Distributor
1	23 <input type="checkbox"/> Food Wholesale
2	10 <input type="checkbox"/> Cash n Carry
3	24 <input type="checkbox"/> Food Chain
Person(s) Authorized to Sign Checks	11 <input type="checkbox"/> Chain Beauty
1	13 <input type="checkbox"/> Independent Chain
2	25 <input type="checkbox"/> Food Independent
3	14 <input type="checkbox"/> Wholesale B/B
<b>REFERENCES - TRADE</b>	20 <input type="checkbox"/> Chain Salon
1 NAME _____ CONTACT _____	28 <input type="checkbox"/> Rack Jobber
ADDRESS _____	16 <input type="checkbox"/> Beauty Schools
CITY _____ STATE _____ ZIP _____	17 <input type="checkbox"/> Technician
PHONE _____ ACCOUNT # _____	51 <input type="checkbox"/> Military Prof.
2 NAME _____ CONTACT _____	<input type="checkbox"/> Navy Commissary
ADDRESS _____	51 <input type="checkbox"/> Military Special
CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> Gov. & Municipal
PHONE _____ ACCOUNT # _____	52 <input type="checkbox"/> Navy Exchange
3 NAME _____ CONTACT _____	No. of Store Accounts Served _____
ADDRESS _____	Anticipated Monthly Sales \$ _____
CITY _____ STATE _____ ZIP _____	Submitted by _____ Date _____
PHONE _____ ACCOUNT # _____	<b>SALES ADMINISTRATION ONLY</b>
4 NAME _____ CONTACT _____	Approved _____ Denied _____
ADDRESS _____	OFFICIAL CLASS(s) DETERMINATION
CITY _____ STATE _____ ZIP _____	Signature _____ Date _____
PHONE _____ ACCOUNT # _____	Title _____
<b>REFERENCES - BANKING</b>	<b>BRANDS</b>
1 BANK NAME _____	<input type="checkbox"/> Lets Dred
ADDRESS _____	<input type="checkbox"/> Natures Natural
CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> Dandruff Eeze
CONTACT _____ TITLE _____	<input type="checkbox"/> Barber Shine
PHONE _____ ACCOUNT # _____	<input type="checkbox"/> Formula 809
REMARKS	<input type="checkbox"/> Salon Success
	<input type="checkbox"/> Bump Doctor
	<input type="checkbox"/> Papaya Hair Miracle
	<input type="checkbox"/> Afrique
	<input type="checkbox"/> Satin Products
	<input type="checkbox"/> Push Wave
	Assigned Territory _____
	Signature _____
	Date _____

I give Spectrum Labs 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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DATE: \_\_\_\_\_

COMPANY NAME _____		NAME OF PARENT CO. IF APPLICABLE _____		
		ADDRESS _____		
		CITY _____	STATE _____	ZIP _____
3 _____				
STATE _____ ZIP _____				
PHONE ( ) _____		Pleas Check Appropriate Box(s) 20 <input type="checkbox"/> _____ 26 <input type="checkbox"/> Convenient Store 21 <input type="checkbox"/> Drug Chain 27 <input type="checkbox"/> Mass Merchandiser 22 <input type="checkbox"/> _____ 28 <input type="checkbox"/> _____ 23 <input type="checkbox"/> Food Wholesale 10 <input type="checkbox"/> Cash n Carry <input type="checkbox"/> Food Chain <input type="checkbox"/> Chain Beauty 25 <input type="checkbox"/> _____ 13 <input type="checkbox"/> _____ 14 <input type="checkbox"/> _____ 20 <input type="checkbox"/> _____ 28 <input type="checkbox"/> Rack Jobber 16 <input type="checkbox"/> Beauty Schools 17 <input type="checkbox"/> Technician <input type="checkbox"/> Military Prof. <input type="checkbox"/> Navy Commissary <input type="checkbox"/> Military Special <input type="checkbox"/> Gov. & Municipal <input type="checkbox"/> Navy Exchange		
DATE ESTABLISHED _____ FAX ( ) _____				
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> _____				
TITLE _____				
1 _____				
2 _____				
3 _____				
Person(s) Authorized to Sign Checks _____				
3 _____				
<b>REFERENCES - TRADE</b>				
1 _____	CONTACT _____	No. of Store Accounts Served _____		
CITY _____	ZIP _____	Anticipated Monthly Sales \$ _____		
PHONE _____	ACCOUNT # _____	Submitted by _____		
NAME _____	CONTACT _____	_____ Denied _____		
ADDRESS _____		_____		
CITY _____	STATE _____	_____ Date _____		
PHONE _____	ACCOUNT # _____	Title _____		
3 _____	CONTACT _____			
CITY _____	STATE _____	_____ Lets Dred      _____ Natures Natural _____ Dandruff Eeze      _____ Salon Success _____ Formula 809      _____ Papaya Hair Miracle _____ Bump Doctor      _____ Satin Products _____ _____      _____ Push Wave		
CITY _____	STATE _____	Assigned Territory _____		
PHONE _____	ACCOUNT # _____	Signature _____		
		Date _____		
<b>REFERENCES - BANKING</b>				
BANK NAME _____				
CITY _____ ZIP _____				
CONTACT _____				
PHONE _____ ACCOUNT # _____				

yet not exclusive of

**SALES ADMINISTRATION COPY**

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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PLEASE PRINT OR TYPE

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

<b>COMPANY NAME</b>	<b>NAME OF PARENT CO. IF APPLICABLE</b>		
<b>ADDRESS 1</b>	<b>ADDRESS</b>		
2	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
3	<b>PHONE</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	
<b>PHONE ( )</b>	<b>OFFICE USE ONLY</b>		
<b>DATE ESTABLISHED</b>	<b>FAX ( )</b>		
Please Check Appropriate Box			
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	
<b>NAME OF PRINCIPAL(s)</b>		<b>TITLE</b>	
1			
2			
3			
<b>Person(s) Authorized to Sign Checks</b>			
1			
2			
3			
<b>REFERENCES - TRADE</b>			
1 NAME	CONTACT		
ADDRESS			
CITY	STATE	ZIP	
PHONE	ACCOUNT #		
2 NAME	CONTACT		
ADDRESS			
CITY	STATE	ZIP	
PHONE	ACCOUNT #		
3 NAME	CONTACT		
ADDRESS			
CITY	STATE	ZIP	
PHONE	ACCOUNT #		
4 NAME	CONTACT		
ADDRESS			
CITY	STATE	ZIP	
PHONE	ACCOUNT #		
<b>REFERENCES - BANKING</b>			
1 BANK NAME			
ADDRESS			
CITY	STATE	ZIP	
CONTACT	TITLE		
PHONE	ACCOUNT #		
<b>REMARKS</b>			
Territorial Assessment & Recommendation Customer Class(s)			
Pleas Check Appropriate Box(s)			
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	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
No. of Store Accounts Served _____			
Anticipated Monthly Sales \$ _____			
Submitted by _____ Date _____			
<b>SALES ADMINISTRATION ONLY</b>			
Approved _____		Denied _____	
<b>OFFICIAL CLASS(s) DETERMINATION</b>			
Signature _____		Date _____	
Title _____			
<b>BRANDS</b>			
_____ Lets Dred	_____ Natures Natural		
_____ Dandruff Eeze	_____ Barber Shine		
_____ Formula 809	_____ Salon Success		
_____ Bump Doctor	_____ Papaya Hair Miracle		
_____ Afrique	_____ Satin Products		
	_____ Push Wave		
Assigned Territory _____			
Signature _____		Date _____	

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**CREDIT DEPARTMENT COPY**

Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Title: \_\_\_\_\_

