

# 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 ( )	<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	21 <input type="checkbox"/> Drug Chain
<input type="checkbox"/> PARTNERSHIP	22 <input type="checkbox"/> Drug Independent
<input type="checkbox"/> CORPORATION	23 <input type="checkbox"/> Food Wholesale
<b>NAME OF PRINCIPAL(s)</b>	24 <input type="checkbox"/> Food Chain
<b>TITLE</b>	25 <input type="checkbox"/> Food Independent
1	26 <input type="checkbox"/> Convenient Store
2	27 <input type="checkbox"/> Mass Merchandiser
3	28 <input type="checkbox"/> Full Service Distributor
Person(s) Authorized to Sign Checks	10 <input type="checkbox"/> Cash n Carry
1	11 <input type="checkbox"/> Chain Beauty
2	13 <input type="checkbox"/> Independent Chain
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 _____	17 <input type="checkbox"/> Technician
CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> Navy Commissary
PHONE _____ ACCOUNT # _____	<input type="checkbox"/> Gov. & Municipal
2 NAME _____ CONTACT _____	51 <input type="checkbox"/> Military Prof.
ADDRESS _____	51 <input type="checkbox"/> Military Special
CITY _____ STATE _____ ZIP _____	52 <input type="checkbox"/> Navy Exchange
PHONE _____ ACCOUNT # _____	No. of Store Accounts Served _____
3 NAME _____ CONTACT _____	Anticipated Monthly Sales \$ _____
ADDRESS _____	Submitted by _____ Date _____
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PHONE _____ ACCOUNT # _____	Approved _____ Denied _____
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ADDRESS _____	Signature _____ Date _____
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<b>REFERENCES - BANKING</b>	_____ Nairobi Professional _____
1 BANK NAME _____	_____ Nairobi Professional (Retail Only)
ADDRESS _____	_____ Grandma's Secret Potion _____
CITY _____ STATE _____ ZIP _____	_____ Grandma's Secret Potion (Retail Only)
CONTACT _____ TITLE _____	_____ WA Skin Care _____
PHONE _____ ACCOUNT # _____	Assigned Territory _____
<b>REMARKS</b>	Signature _____
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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

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

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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

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