



CUSTOMER APPLICATION

SHOEROX(TM) Div. CPC Brands

P.O. Box 6533 Greenville, SC 29607

PLEASE PRINT OR TYPE

DATE: _____

COMPANY NAME _____		NAME OF PARENT CO. IF APPLICABLE _____	
ADDRESS 1 _____		ADDRESS _____	
2 _____		CITY _____	STATE _____ ZIP _____
3 _____		PHONE _____	
CITY _____	STATE _____	ZIP _____	OFFICE USE ONLY
PHONE () _____			
DATE ESTABLISHED _____ FAX () _____			
Please Check Appropriate Box <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
NAME OF PRINCIPAL(s)		TITLE	
1 _____		_____	
2 _____		_____	
3 _____		_____	
Person(s) Authorized to Sign Checks			
1 _____			
2 _____			
3 _____			
REFERENCES - TRADE			
1 NAME _____ CONTACT _____		No. of Store Accounts Served _____	
ADDRESS _____		Anticipated Monthly Sales \$ _____	
CITY _____	STATE _____ ZIP _____	Submitted by _____ Date _____	
PHONE _____	ACCOUNT # _____	SALES ADMINISTRATION ONLY	
2 NAME _____ CONTACT _____		Approved _____ Denied _____	
ADDRESS _____		OFFICIAL CLASS(s) DETERMINATION	
CITY _____	STATE _____ ZIP _____	_____	
PHONE _____	ACCOUNT # _____	Signature _____ Date _____	
3 NAME _____ CONTACT _____		Title _____	
ADDRESS _____		BRANDS	
CITY _____	STATE _____ ZIP _____	_____ Nairobi Professional _____	
PHONE _____	ACCOUNT # _____	_____ Grandmas Secret Potion _____	
4 NAME _____ CONTACT _____		_____ WA Skin Care _____	
ADDRESS _____		_____ ShoeRox _____	
CITY _____	STATE _____ ZIP _____	_____ _____	
PHONE _____	ACCOUNT # _____	_____ _____	
REFERENCES - BANKING			
1 BANK NAME _____			
ADDRESS _____			
CITY _____	STATE _____ ZIP _____	Assigned Territory _____	
CONTACT _____	TITLE _____	Signature _____	
PHONE _____	ACCOUNT # _____	Date _____	
REMARKS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
I give (ShoeRox(TM) Div. CPC Brands) 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			
Date: _____		Applicants Signature: _____	
		Title: _____	