



ACCOUNT APPLICATION FORM

Company Name	<input type="text"/>		
Current Address	<input type="text"/>		
Name of owner	<input type="text"/>		
Number of years in business	<input type="text"/>		
Number of years at this address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>
Color line brands	<input type="text"/>		
Top used brands	<input type="text"/>		
Number of locations (if applicable)	<input type="text"/>	Number of chairs	<input type="text"/>
Do you have a school	<input type="text"/>		
Do you employ Trainers / Educators	<input type="text"/>	How Many	<input type="text"/>
What products and / or lines are you interested in purchasing from Beauty Route?	<input type="text"/>		



What kind of account would you like to open?

Credit Account
(reference required)

COD Account
(check or credit card)

BEAUTYROUTE.COM
SALES REPRESENTATIVE