

*Laboratory Skin Care<sup>®</sup>, Inc.*  
*P.O. Box 7469*  
*Tahoe City, CA 96145*

**LABORATORY SKIN CARE<sup>®</sup>, INC.**  
**NEW DISTRIBUTOR APPLICATION**

**New Distributor:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Reseller # (Please attach a copy):** \_\_\_\_\_ **Website:** \_\_\_\_\_

**1. Key Contact(s):** \_\_\_\_\_

**2. # of Employees:** \_\_\_\_\_

**3. # of Outside Sales Reps:** \_\_\_\_\_

**4. # of Inside Sales Reps:** \_\_\_\_\_

**5. # of Branch Locations:** \_\_\_\_\_

**6. Geographic Focus \ Coverage:** \_\_\_\_\_

**7. Primary Customer Type**  
**(Clinical, research, consumer, etc.):** \_\_\_\_\_

**8. Strengths**  
**(Technical sales force, catalog, etc.):** \_\_\_\_\_

**9. Major Customers:** \_\_\_\_\_

**10. Customers with whom you are a Primary**  
**Distributor or have a Contractual**  
**Agreement:** \_\_\_\_\_  
\_\_\_\_\_

**11. Companies with whom you are a**  
**Secondary Distributor or have a**  
**Contractual Agreement:** \_\_\_\_\_  
\_\_\_\_\_

**12. What other Products do you represent?** \_\_\_\_\_

**13. What skin care products do you**  
**represent?** \_\_\_\_\_

14. Do you have a Catalog?

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15. Do you allow Manufacturer sponsored promotions?

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16. Do you allow Manufacturer sponsored product training?

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17. In what Market Segments do you project the most growth?

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18. Will you be able to provide us with a sales report with zip code listing?

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19. What are your current inventory policies? (1 mo. usage, 3 mos. usage, etc.)

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20. Will you be willing to stock our products?

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21. What level of inventory commitment are you offering?

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Name: \_\_\_\_\_

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

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

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

## LSC CREDIT APPLICATION

Distributor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Type:  Sole Proprietorship  Partnership  Corporation: State of: \_\_\_\_\_

Federal Tax No.: \_\_\_\_\_ Seller's Permit No.: \_\_\_\_\_

**List of Current Products Represented:** \_\_\_\_\_  
\_\_\_\_\_

### Corporate Officers:

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

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

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

### Checking Account:

Bank: \_\_\_\_\_ Phone No: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### Savings Account:

Bank: \_\_\_\_\_ Phone No: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### Trade References:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO  
PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.

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

(Please Print)

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