SKIN CARE CONSULTANT
Application Form

GENERAL INFORMATION

Name: _____

Date of Birth: ___/___/___ (DD / MM / YY) Social Insurance Number: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Email : _____

Home Telephone: (___) _____ Other Telephone : (___) _____

List (in order of preference) the towns, cities or regions you are considering selling Olivier Products.

1) _____ 2) _____ 3) _____

When do you plan to start selling Olivier products? _____

How did you learn about the Olivier Soapery? _____

EDUCATION

Last school year completed: High School 9 10 11 12 College 1 2 3 University 1 2 3 4

Diploma or degree obtained: _____

Describe your sales and/or retail training: _____

_____

Explain why you wish to be part of the Olivier Skin Care Consultant Family: _____

_____

ADDITIONAL NOTES _____

_____

_____

AGREEMENT

This shall acknowledge that all reports, information, data and other documents prepared, compiled or obtained by the undersigned in connection with the review or partnership of your Application, directly or indirectly, are and shall be the sole and exclusive property of La Savonnerie Olivier Soapery and are strictly confidential.

By signing below, you agree not to disclose, provide, deliver or transfer such reports, information, products, data or documents, or copies or extracts thereof, or information contained therein without the prior written consent of La Savonnerie Olivier Soapery.

I hereby consent to La Savonnerie Olivier Soapery obtaining a personal credit report and/or request a criminal record report in connection with my application. I hereby further consent to La Savonnerie Olivier Soapery taking whatever actions it considers necessary to verify the information set forth above, including contacting any reference listed above.

I agree to notify La Savonnerie Olivier Soapery immediately of any change in such information. I understand that La Savonnerie Olivier Soapery will keep all information concerning my application confidential.

Dated this _____ day of _____ , 20___. Signature: _____

**This information is confidential and does not bind either party in any matter.*