

Color Guild International Membership Application (Color Guild cannot guarantee exclusivity)

Company Name: _____

Mailing Address: _____

City _____ State _____ Zip _____ Country _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____ Technical Person: _____

Year Company Est.: _____ Type of Corporation: _____

Sales Volume (US) \$1-10M _____ \$10-25M _____ \$25-50M _____ \$50M+ _____

Type of Business: _____ UU # Company Stores: _____ # Dealers: _____

Marketing Area (State/Province/Country): _____

Member of NPCA Yes _____ No _____

Please list other technical/buying groups you belong to: _____

Please list three raw material supplier references:

<u>Company</u>	<u>Address</u>	<u>City/State/Zip</u>
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

Please submit with your application a history of your company telling us about your products, how and where you market your products and why you desire to become a member.

Person Filling Out Application: _____

Signature _____ Title _____

Fax this application to Color Guild International @ 614-338-8226, Attn: Robert A. Shapiro