



ARTISTIC TEAM MEMBER APPLICATION

ABOUT YOU

LAST NAME _____ FIRST _____ DATE SUBMITTED _____
STREET ADDRESS _____ APARTMENT/UNIT # _____
CITY _____ STATE _____ ZIP _____
SALON NAME _____ ADDRESS _____ APARTMENT/UNIT # _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
SALON PHONE _____ EMAIL _____

DISCOVERY

TYPE OF LICENCE _____ STATE LICENSED _____ DATE LICENSED _____
LICENSE NUMBER _____ EXP. _____ ADDITIONAL LICENSES _____
OTHER MANUFACTURER EXPERIENCE _____
Why ColorProof? _____

What product lines are you currently using in the salon? (Full ColorProof representation is required)

Please answer yes or no to the following:

Do you have any family, business, health or social obligations which would prevent you from working a minimum of 3-5 days a month, traveling, working some evenings, working occasional weekends? (If yes, please explain)

DISTRIBUTOR INFORMATION

DISTRIBUTOR NAME _____
SALES CONSULTANT NAME _____

ADDITIONAL ITEMS REQUIRED

10-15 minute video tutorial teaching a style or technique (please no haircutting) using ColorProof products.
Photographs of your salon (interior, exterior, retail area, backbar)

For more information or to submit your application, please contact us at talent@colorproof.com.

Please allow up to 2 weeks for review. Applicants are selected based on location, availability, presentation and technical skill.

Must be a certified Envoy member to be considered.