



Company Profile Questionnaire – Revised 4/2007

Thank you for your interest in Epicuren Discovery®. We are always looking to expand our market. In order to familiarize us with the Company you are representing, there are a few questions we would like to ask.

Date: _____

Name of Company: _____ Owner: _____

Contact: _____ Title: _____

Business #: _____ Alternate #: _____ Fax #: _____

E-mail: _____ Web site: _____

Business address: _____

Type of business: (Check all that apply) Services offered: (Check all that apply)
 Resort/Hotel Spa Facials
 Destination Spa Massage
 Day Spa / Salon Body Treatments
 Medical Spa or Office - Type of Doctor: _____ Manicures/Pedicures
 Health Store Waxing
 Other - Specify: _____ Makeup Application
 Other - Specify: _____

of treatment rooms: # of employees:
 Facial Management Other
 Massage Aestheticians
 Other - Specify: _____ Massage/Body Therapists

Epicuren lines your Company is interested in: (circle) Spa Body Medical B Maximized Health

What other skin care lines does your business sell and/or use in your back bar? :

Comments/Additional Information:

Please fill out the form completely and fax back to (949) 348-2363, or email to robin@epicuren.com
Please be aware that in order to become a Wholesale account, Epicuren will send an educator to your facility for on site training. We require a minimum opening order of \$3,000.00.
Your completed profile will be reviewed and our Education Department will contact you as soon as possible. Thank you again for your interest in Epicuren Discovery®.