



## DISTRIBUTOR APPLICATION 2024

COMPANY NAME \_\_\_\_\_

AFFILIATED COMPANY NAMES (IF ANY) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

OWNER/PRESIDENT \_\_\_\_\_ PHONE#/EXT. \_\_\_\_\_

AUTHORIZED BUYERS \_\_\_\_\_ PHONE#/EXT. \_\_\_\_\_

YEARS IN BUSINESS? \_\_\_\_\_ NUMBER OF LOCATIONS? \_\_\_\_\_ WHAT STATES? \_\_\_\_\_

RESALE CERTIFICATE# \_\_\_\_\_ (COPY REQUIRED IF APPROVED)

### BEAUTY INDUSTRY BUSINESS REFERENCES (3 PLEASE):

NAME	PHONE	FAX#	ACCOUNT#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU CURRENTLY DISTRIBUTE ANY SALON APPAREL? \_\_\_\_\_

IF SO, WHICH BRAND? \_\_\_\_\_

WHAT PRIMARY PRODUCT LINES DOES YOUR COMPANY DISTRIBUTE? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE OFFICER, PARTNER OR OWNER TITLE