

WHOLESALE ACCOUNT APPLICATION FORM

| Is your application | for a: Compan | у СС | Partnership | Individual |
|--|---------------|---------|---------------|------------|
| COMPANY DETAILS | | | | |
| Business Trading Name: Registration Number: | | | | |
| VAT Number (if applicable): | | | | |
| Physical address: | | | | |
| | | GENERAL | DETAILS | |
| Primary Contact: | | | | |
| Cell No: | | | | |
| Email: | | | | |
| Website (if applicable): | | | | |
| Delivery Address: | | | | |
| Do you already sell Hair? | | | | |
| If so what do you sell? | | | | |
| Current Rand value sales per | month | | | |
| Who are your main clients: | Individuals | Salons | Retail Stores | Other |
| If other, please explain: | | | | |
| How many items do you plan on purchasing for your 1 st order: <10 10 - 50 >50 | | | | |
| What is your budget for your 1st order: < R10 000 R10 000 - R50 000 >R50 000 | | | | |
| Applicant name: | | | | |
| Signature: | | | | |
| Date: | | | | |
| | | | | |
| For Internal Use Only: | | | | |
| Application complete: | | | | Yes / No |
| Customer Service Agent: | Agent Code: | | Customer #: | |