



BEAUTIFUL LIFE BRANDS
FRAGRANCES · LINEN · HOMEWARE

STOCKIST APPLICATION FORM

COMPANY TRADING
NAME

DATE ESTABLISHED

COMPANY NAME &
REGISTRATION NUMBER

VAT NUMBER

PHONE NUMBER

COMPANY WEBSITE
(<https://www.example.com>)

SOCIAL MEDIA HANDLES

E-MAIL ADDRESS

DIRECTOR / OWNER NAME

COMPANY STREET ADDRESS

TELL US A LITTLE BIT ABOUT YOURSELVES AND YOUR STORE

(IF MULTIPLE STORES
PLEASE PROVIDE
LOCATIONS)

STORE CATEGORY (TICK BOX)

RETAILER

HOSPITALITY

SPA & BEAUTY

PLEASE NOTE: THIS APPLICATION IS FOR PHYSICAL STORES ONLY. THIS IS NOT A CREDIT APPLICATION FORM. THIS FORM IS FOR INFORMATION PURPOSES ONLY AND DOES NOT AUTOMATICALLY GRANT YOUR COMPANY THE RIGHTS TO SELL FRAGONARD PRODUCTS OR ACCESS TO WHOLESALE PRICING.

Please complete and email back to us: hello@beautifullifebrands.co.za