



AUTHORIZED DISTRIBUTOR MEMBERSHIP FORM

1506 Desire St.
New Orleans, LA 70117

www.lacexclusive.com
distribution@lacexclusive.com

Toll-Free: (866) 491-2720
Local Pickup: (504) 575-2178

MEMBER INFORMATION

Full Name: _____ Date: _____
Last First M.I

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Company Name: _____ Company Phone Number: _____

Company Address: _____ Company Website: _____

BUSINESS BACKGROUND INFORMATION

Below are a few introductory questions to gain more knowledge about your company. Membership will be issued once Lace Xclusive reviews your company. Membership is granted at the sole discretion of Lace Xclusive. You will be contacted by email upon our decision to grant membership.

What type of products and/or services does your company provide?

Please provide all of your company's social media account names including Facebook, Instagram, Snapchat, Twitter:

Facebook: _____ Instagram: _____

Twitter: _____ Snapchat: _____

How long have you company been in operation?

☐ Just Starting ☐ 1-5 Months ☐ 6-12 Months ☐ 1-2 Years ☐ 3-5 Years ☐ 5 + Years

Are you a Licensed Cosmetologist?

☐ YES ☐ NO

Is your company registered with your local Secretary of State Office?

☐ YES ☐ NO

Approximately, how many Lace Xclusive products do you plan to purchase in a month? Please note: Lace Xclusive MOQ is 10 units. You are able to choose from a variety of styles.

I Classify Myself As:

☐ Hairstylist ☐ Hair Supplier ☐ Salon Owner ☐ Student ☐ Store/Boutique Owner

☐ Other (Please Explain) _____

Do you sell online?

☐ YES ☐ NO

What type of extensions are you interested in?

☐ Virgin Hair ☐ Closures ☐ Frontals ☐ Wigs ☐ Variety

Signature: _____ Date: _____