

WHOLESALE MEMBERSHIP FORM

MEMBER INFORMATION

First Name _____	Date _____
Last Name _____	Phone _____
M.I. _____	Email _____
Street Address _____	Company Name _____
Apartment/Unit # _____	Company Address _____
City _____	_____
State _____	Company Phone Number _____
ZIP Code _____	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

Do you sell online? 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 _____

What type of extensions are you interested in?

Virgin Hair Closures Frontals Wigs Variety

Signature

Print Name

Date
