



DROP SHIP PROGRAM APPLICATION

2020

BASIC INFORMATION

* DATE: _____

* NAME:

* BUSINESS NAMES:

* PHONE:

SELLER ID: *(optional)*

* EMAIL:

* ADDRESS:

CITY:

STATE:

ZIP:

* WEBSITE:

BUSINESS INFORMATION

* BUSINESS TYPE:

_____ E-Commerce _____ Online Department Store _____ Online Beauty Supply

* HOW LONG HAVE YOU BEEN IN BUSINESS?

* TELL US ABOUT YOUR BUSINESS:

* WHAT PLATFORMS/SALES CHANNELS DO YOU SELL ON? *(please list all that apply)*

* WHAT OTHER BRANDS DO YOU CARRY?

MICELLANEOUS

*** WHICH PRODUCTS ARE YOU INTRESTED IN DROPSHIPPING?** *(check all that all apply)*

Hair Styling Tools Hair Care Accessories All of the Above

HOW DID YOU HEAR ABOUT US?

Web Search Trade Show Email Social Media Other

DO YOU HAVE ANY QUESTIONS FOR US??

** Required fields that must be answered.*

Upon completion please send your application to one of these emails: info@isobeauty.com | s.davis@isobeauty.com

*** Please Note: Once your application is submitted, a Proliss rep will review & contact you within 2-3 business days.

ISO Beauty | Proliss | NEO Choice
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Hours: Monday–Friday 9am to 5pm