

WHOLESALE PROGRAM APPLICATION

2020

BASIC INFORMATION		
		* DATE: _____
* NAME:		
* BUSINESS NAMES:		
* PHONE:	SELLER ID: <i>(optional)</i>	
* EMAIL:		
* ADDRESS:		
CITY:	STATE:	ZIP:
* WEBSITE:		

BUSINESS INFORMATION		
* BUSINESS TYPE:		
_____ E-Commerce	_____ Department Store	_____ Beauty Supply
_____ Kiosk/Cart	_____ Brick & Mortar (boutique)	_____ Deal Site
_____ Liquidation/Closeout	_____ Professional Salon	_____ School
* HOW LONG HAVE YOU BEEN IN BUSINESS?		
* TELL US ABOUT YOUR BUSINESS:		
* WHAT PLATFORMS/SALES CHANNELS DO YOU SELL ON? <i>(please list all that apply)</i>		

*** WHAT OTHER BRANDS DO YOU CARRY?**

MICELLANEOUS

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

_____HairStylingTools _____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