

ISO BEAUTY WHOLESALER PROGRAM

2020

BASIC INFORMATION

* DATE: _____

* NAME:

* BUSINESS NAMES:

* PHONE:

SELLER ID: *(optional)*

* EMAIL:

* ADDRESS:

CITY:

STATE:

ZIP:

* WEBSITE:

BUSINESS INFORMATION

* BUSINESS TYPE:

<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Department Store	<input type="checkbox"/> Beauty Supply
<input type="checkbox"/> Kiosk/Cart	<input type="checkbox"/> Brick & Mortar (boutique)	<input type="checkbox"/> Deal Site
<input type="checkbox"/> Liquidation/Closeout	<input type="checkbox"/> Professional Salon	<input type="checkbox"/> School

* 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, an ISO Beauty rep will review & contact you within 2-3 businessdays.

ISO Beauty, Inc.
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Hours: Monday–Friday 9am to 5pm