



NION BEAUTY<sup>®</sup>

## RETAILER APPLICATION FORM

Today's Date:

Applicant Name:

Title:

Name of Business:

Website(s):

Tell us a little bit  
about your Business:

Business Address:

Ship To Address:  
(If Different)

Office Phone:

Mobile:

Other:

E-mail:

I want the entire full  
collection:            Yes  
                                  No

If your answer is No,  
which product(s) are  
you interested in:

Renew Eye Mask  
OPUS 2GO / Mini  
OPUS EXPRESS  
OPUS DAILY

OPUS LUXE  
OPUS ELITE  
OPUS TOTAL+  
OPUS BODY

Will you pick up all  
the color options for  
the selected  
product(s)?:

Yes  
No

Other Requests /  
Comments: