



TM

TO112

Salon Inquiry Information Form

Salon Name: _____

Salon Address: _____

Contact Name/Position: _____

Type of Business: _____

Of Years in Business: _____ **# of stores**

Phone #: _____

Website: _____

Please list other brands carried:

Are you interested in the full line of TO112 HAIRCARE?

If not please explain what your interest is.

What are your annual sales projections pertaining to TO112 HAIRCARE?

Where did you hear about TO112?

**Please include picture of Salon front and retail space.*