

HAIR EXTENSIONS®	istributor Application
Today's Date:	
Distributor:	Distributor Contact:
Phone:	Email:
Location of central office:	
States/Territories covered:	
Number of field sales consultants:	
Number of store locations:	
Major brands represented:	
Years in operation:	
Do you have an education facility?	
Referred by?	
Please tell us about your business and your interest in distributing the Babe brand:	

\*to expedite the process, please fill out this form completely and a representative will contact you as soon as possible. Please fax or scan and email to:

> tom@babethings.com (f) 801.210.2744