



NEW SALON DISTRIBUTOR APPLICATION

Company Name _____

Company Address: _____

City: _____ State _____ Zip _____

Country: _____

Phone: _____ Email: _____

Website: _____

Contact Person: _____

Years in Business: _____ # Sales team staff _____

Products You
Currently Distribute: _____

Do you Sell
Internationally: _____

How many Salons
Do You Service?: _____

What Geographic
Territory do you seek?: _____

Why are you interested in representing NouriTress Professional?
