

NEW ACCOUNT FORM

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # \_\_\_\_\_ EXT # \_\_\_\_\_

ADD PHONE # \_\_\_\_\_ CEL # \_\_\_\_\_

FAX # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SHIPING METHOD UPS  USPS  PICKUP  OTHER

SELLER'S PERMIT # \_\_\_\_\_ (CALIFORNIA ONLY) \_\_\_\_\_

TYPE OF BUSINESS BEAUTY  COSTUME  SALON  WHOLESALE  WIG SHOP  OTHER

HOW DID YOU HEAR ABOUT US? WEB SEARCH  TRADE SHOW  FRIEND  OTHER

\* PLEASE ATTACH THE COPY OF YOUR BUSINESS LICENSE.

MINIMUM ORDER REQUIREMENT:\$500.00

INTERNAL USE ONLY
CUSTOMER #
TERMS
SALES REP
DATE