

Wholesale Application

Please Review Please Reply

Attn. Sales Dept. _____

Name:	_____
Company Name:	_____
Type of Business:	[] Sole Proprietor [] Partnership [] Corporation [] Other: _____
Principals of Company:	_____
In Business Since:	_____
Tax ID:	_____
Full Mailing Address: (no P.O. Box)	_____ _____
Phone:	_____
Other Phones:	_____
Fax:	_____
Best Time To Reach You:	_____
Email Address:	_____
Website Address	http://_____
Nature of Business	[] Beauty Supply [] Wig Shop [] Cosmetologist [] Distributor [] Wholesaler [] Online Retailer: www._____ [] Other: _____
How did you hear about us?	HairGoodsWholesale.com WigIndustry.com

Products Interested In:	<hr/> <hr/> <hr/>
Other Needs:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>“I certify that all of the information provided on this form is true and correct.”</p> <p>Signature: _____ Date: _____</p> <p>Title: _____</p>	

HairGoodsWholesale.com Wholesale Application Standard Form WR28
For: Licensed Hair Goods and Wig Retailers

Fill out all information above

Fill in online and print — or print blank form and fill in by hand.
Blue fields show where to type (blue does not print).

Attach Copy of Business License Here

(Hair Dressers License or Cosmetology License as required)
Fax It (or email it) to the appropriate Fax Number for the Supplier