

DOMESTIC DISTRIBUTOR APPLICATION

PLEASE COMPLETE & RETURN TO BELAVA via FAX 818-592-0202 or E-MAIL TO DISTRIBUTORS@BELAVA.COM

Corporate Info	Legal Business Name						
	Other Names You Conduct Business Under, Including Web Name and Catalog						
	Street Address						
	City, State, Zip				Website		
	Phone	Add'l Phone		Fax		Email	
	Owner's Name			Add'l Contact Name			
	Types of Entity <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			State of Incorporation	TIN	Years of Operation	
Exemption	Resale # (Please provide copy of your resale permit along with your application)						
Business Info	Type of Business <input type="checkbox"/> Wholesale <input type="checkbox"/> Salon <input type="checkbox"/> Podiatry Office <input type="checkbox"/> Medical Spa <input type="checkbox"/> Other _____			# of Locations:			
	List Names of Persons Authorized to Place an Order			Covering Territory			
Addresses	Shipping (if different from above)				Billing (if different from above)		
	Business Name for Delivery				Business Name / Contact Name		
	Address				Address		
	City/State/Zip				City/State/Zip		
	Phone	Fax	Email		Phone	Fax	Email
	Delivery Contact Name				I / We prefer to receive invoices via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		

If you are wholesaler	Do you sell to <input type="checkbox"/> licensed beauty professionals/salons <input type="checkbox"/> public Do you sell to Beauty Schools <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have Equipment Show Room <input type="checkbox"/> Yes <input type="checkbox"/> No Do you sell to Other Resellers <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>Yes</u> , list all your sub-distributors <u>selling on e-commerce</u> (including their own websites): Name _____ e-commerce site _____ Name _____ e-commerce site _____ Name _____ e-commerce site _____ Name _____ e-commerce site _____ Name _____ e-commerce site _____ Name _____ e-commerce site _____	Do you sell product <input type="checkbox"/> at your "brick & mortar" store <input type="checkbox"/> by mail catalog <input type="checkbox"/> on your own company's website <input type="checkbox"/> on 3 rd party e-commerce sites <input type="checkbox"/> on drop-ship accounts <input type="checkbox"/> on classified sites (Craigslist, e.t.c)
		List 3 rd party sites you are selling on: <input type="checkbox"/> eBay <input type="checkbox"/> Amazon <input type="checkbox"/> Alibaba <input type="checkbox"/> Buy.com <input type="checkbox"/> Newegg <input type="checkbox"/> Sears <input type="checkbox"/> merchantcircle <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
	Do you ship product to Hawaii <input type="checkbox"/> Yes <input type="checkbox"/> No Do you ship product to Alaska <input type="checkbox"/> Yes <input type="checkbox"/> No Do you ship product overseas <input type="checkbox"/> Yes <input type="checkbox"/> No	

The undersigned warrants and represents that all information provided above is true and accurate and that the business entity is solvent and is able to pay its obligation as they become true.	
Printed Name of Authorized Person	Title of Authorized Person
Signature of Authorized Person (Actual Signature Required)	Date