

Distributor Application

GEOGRAPHICAL AREA

Please list the geographical areas for which you wish to act as an agent or distributor for Lavish Lashes™ in the *first* year:

Country: _____

Primary Cities and State/Province Location(s) you will operate from: _____

CONTACT INFORMATION:

Title: _____

Primary Contact: FIRST NAME _____ LAST NAME _____

Secondary Contact: FIRST NAME _____ LAST NAME _____

Primary Company Name: _____

Company Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Primary Phone Number (INCLUDE COUNTRY AND CITY CODE) _____ Home Land Line Office Land Line Cell/Mobile

Alternate Phone Number (INCLUDE COUNTRY AND CITY CODE) _____ Home Land Line Office Land Line Cell/Mobile

Primary E-mail: _____

Secondary E-mail: _____

Web Address: _____

INTRODUCTION

How did you first hear about Lavish Lashes?

Google Yahoo or Other web link: _____

Lavish Lashes was mentioned in a magazine, advertisement or news report: _____

Tradeshow: _____

A friend or Colleague: _____

Other: _____

Name some of the lash extension companies you have researched: _____

Mark an asterisk around the company or companies you think are Lavish Lashes biggest competitors.

What most impresses you about Lavish Lashes? _____

Have you seen the procedure done before? Yes No _____

Have you had lash extensions applied on you before? If so, describe your experience _____

Have you had any hands-on training in lash extensions? If so, with what company? _____

Are you currently distributing lash extensions with any other company? _____

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PROFESSIONAL EXPERIENCE

This section is used to help us understand your business background and professional experience that would qualify you to successfully distribute, train-on, market and support Lavish Lashes™. Please provide information below and provide a resume if available. Resume Attached

What professional license(s) or certification(s) do you possess? _____

(1) Relevant Professional Experience

Company Name: _____

Products and Services sold: _____

Last 3 years average sales volume: _____

Number of locations: _____

What training if any is/was required in connection to the products or services sold? _____

Your relationship to company: Owner/Partner Independent Contractor Employee Other _____

Your Title: _____

Your role(s) and responsibilities: _____

Please note years of experience with each role if applicable: _____

Number of people reporting to you: _____

Years of Experience with this company: _____

Please add comments pertaining to your experience with this company that you feel qualifies you as an agent or distributor for Lavish Lashes™ including business networks and affiliates: _____

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PROFESSIONAL EXPERIENCE *(continued)*

(2) Relevant Professional Experience

Company Name: _____

Products and Services sold: _____

Last 3 years average sales volume: _____

Number of locations: _____

What training if any is/was required in connection to the products or services sold? _____

Your relationship to company: Owner/Partner Independent Contractor Employee Other _____

Your Title: _____

Your role(s) and responsibilities: _____

Please note years of experience with each role if applicable: _____

Number of people reporting to you: _____

Years of Experience with this company: _____

Please add comments pertaining to your experience with this company that you feel qualifies you as an agent or distributor for Lavish Lashes™ including business networks and affiliates: _____

TRAINING, MARKETING, SALES & DISTRIBUTION CAPABILITIES

Do you currently have a training facility? Yes No

Please describe your current and future plans for a training facility. (Include facility size, number of locations, number of trainers who will train out of that location) Please also provide photos. Photos attached.

Please describe your operation infrastructure and capabilities for supporting this venture:

a. Number of Phone lines, fax lines, high speed internet capabilities: _____

b. Customer Service Staffing: _____

c. Internet/technical support: _____

d. Will translation be needed? Yes No Can you provide translation?: Yes No