



Nouveau Visage Australia Pty Ltd
 PO BOX 21178 Little Lonsdale St
 MELBOURNE VIC 8011
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retail@beautyblender.com.au

Retailer Information Form

| Company Information | | | |
|--|---|-------------------|--|
| Trading Name: | | | |
| Business Name: | | | |
| Type of Business: | (Boutique, Spa, Salon, Pharmacy, Online) Other: _____ | | |
| Year Established: | | Number of Stores: | |
| Trading / HQ Address: | | | |
| Phone: | | Fax: | |
| Web Address: | | | |
| What is the demographic of your clientele? | | | |
| What services do you offer in your business? | | | |
| What brands if any do you currently retail in store? | | | |
| Do you have an internet store? | | | |

| Product Information | |
|--|---|
| Products are you interested in | beautyblender / beautyblender duo / starter kit / duo kit / proline / blendercleanser |
| What margin would you expect (if retailing beautyblender at RRP) | |
| Do you require training? | |
| How do you intend to position and promote beautyblender to your clients? | |
| Do you require marketing material?: | |

| Contact Information | |
|---------------------|------------------------------|
| Name: | |
| Title: | |
| Phone: | Fax: |
| Email: | |
| Preferred Contact: | (Email / Phone / Mail / Fax) |