



ColorMetrics Salon/Spa Application

***** A COPY OF YOUR COSMETOLOGY LICENSE AND YOUR RESALE CERTIFICATE MUST BE SUBMITTED TO OUR OFFICE WITH THIS APPLICATION *****

PLEASE PRINT CLEARLY

Salon/Spa Name _____

Contact Name _____

Shipping Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone # _____ Cell # _____

Email _____ No. of Locations _____

Website(s) _____

Requirements: Only licensed Salons and/or Spas will be approved. Copies of your Cosmetology License & Resale Certificate must accompany this application in order to be considered for approval.

Background Questionnaire (Required)

1) Have you ever used or sold any of our Products? YES / NO (If "Yes", please answer questions 1a & 1b)

1a) From which distributor or web site did you obtain the products?

1b) Which products did you purchase?

2) Which products are you considering purchasing?

3) How do you intend to sell the products?

a) In the Salon _____

b) Web Site (Please list): _____

c) Other _____

4) How did you hear about us?

ColorMetrics LLC

E-mail: CustomerService@ColorMetrics.com Tel: 505-983-0115 Fax: 505-983-0116

Payment Terms: We only accept payment by credit card.

Cards will be charged for your purchase within 24 hours. There is no minimum order. Free shipping to the 50 United States on orders \$125 or more, and a flat rate of \$9.95 shipping for orders less than \$100. Orders outside USA will be charged shipping cost on a separate invoice. We will provide a shipping quote before finalizing your order. Orders ship within 3 days.

Billing Information:

Name as show on card: _____

Billing Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone # _____ Email _____

Salon Owner Signature Date

FAX COMPLETED APPLICATION TO: 505-983-0116; or

EMAIL TO: CustomerService@ColorMetrics.com

MAIL TO: ColorMetrics, ATTN: Salon Sales, 620 Camino Rancheros, Santa Fe, NM 87505

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