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|  | MON CODE AGE, Inc  100 N Biscayne Blvd  Miami FL 33132 – U.S.A.  t. (+1) 786 202 2926  e. [info@moncodeage.com](mailto:info@moncodeage.com)  www.moncodeage.com |

# COMPANY INFORMATION FORM

## Guidelines

1. Please fill this form to request a Business Account.
2. Once we open your account you will be able to receive pricing and order products.

To answer the strong demand to discover and introduce HAIR FLASH COLOR in your Market, as Distributor - wholesaler we have combined 2 PACKS - Special Discover - 1st Business Order:  After the Confirmation that your Account is open, please make your request order on <http://moncodeage.com/distributor.html> then in the web page > Open an Account.

If you have any request, please don’t hesitate to contact us by email.

## Contact Information

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| --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | |
| Year of creation | |  |  | Legal / TIN / ID number: |  |
| Contact Name: | |  |  | Position / role : |  |
| Contact E-Mail: |  | |  | Contact Phone No: |  |
| Website: | http:// | | | | |

## Address Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BILLING Address:** |  | | | | |
| City: | |  |  | State /Zip Code : |  |
| Country: | |  |  | Office Phone No : |  |
| E-Mail (if other): |  | | | | |
| **DELIVERY Address**: |  | | | | |
| City: | |  |  | State /Zip Code : |  |
| Country: | |  |  | Delivery Phone No : |  |
| Contact Name: |  | | | | |
| Contact Phone No: |  | | | | |
| Instructions: |  | | | | |

## Activity Information

|  |  |  |  |  |  |  |  |  |  |
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| Please select with “ X “ (one or several) : | | | | | | | | | |
|  |  | **DISTRIBUTOR** | |  | Department Stores |  | Retailers |  | To Professionals |
| Please Tell us more about your Business, B to B or Direct Consumer , Stores or Point of sales #,… : | | |  | | | | | | |
|  |  | **WHOLESALER** | |  | Salons/Spas |  | Retailers |  | To Professionals |
| Please Tell us more about your Business, B to B or Direct Consumer , Stores or Point of sales #,… : | | |  | | | | | | |
|  |  | **RETAILER** | |  | Retail Stores |  | Salons/Spas |  | To Consumers |
| Please Tell us more about your Business, B to B or Direct Consumer , Stores or Point of sales #,… : | | |  | | | | | | |
|  |  | Other | |  |  |  |  |  |  |
| Please Tell us more about your Business, B to B or Direct Consumer , Stores or Point of sales #,… : | | |  | | | | | | |

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| Country of Distribution – How many and what kind of Point of sales? – How you expand your market ? Do you sell any product online? or other as catalog…: |
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| What is your sales Brands and main products ? Please precise Product Brands & distribution channel : |
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| |  | | --- | | For Distribution in B to B (selling to wholesalers or retailers) : | | This section is ONLY for Distributor/wholesaler in B to B, In a perfect long term partnership, we need to better understand your current calculation process to offer the customer retail price. That’s why we are asking below for:  WHAT WOULD BE YOUR % MARGIN, use as example: **SELLING PRICE from USA OF $2?** *($2 is value product as an example.* ***(note: NATIONAL SPHIPMENT:*** *approx* ***1% - EXPORT LOGISTICS & IMPORT DUTY: 10-20%,*  max product cost** $2.5)  .  YOUR MARGIN in % \_\_\_\_\_\_ in $\_\_\_\_\_\_  DISTRIBUTOR MARGE (if) in % \_\_\_\_\_\_ in $\_\_\_\_\_\_  SELLING RETAIL PRICE in % \_\_\_\_\_\_ in $\_\_\_\_\_\_ | |

## ABOUT YOUR COMPANY

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| --- |
| Description - Activities - Human resources |
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| HAIR FLASH COLOR in your DISTRIBUTION: Description **-** Distribution channel **-** Forecast |
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## SPECIAL REQUEST

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| Do you work in Private Label ? Yes / No Please describe below if you have needs in Private Label : |
| Notes: Depending your business, Private Label of our product has some requirements, 1/ For any production with Private label please expect a minimum order of 30 000 pieces for mixed 6 reference colors - 2/ Your own Print Label packaging will include our Brand mention as: ”by Hair Flash Color – Mon Code Age.inc”. Please let us know your interest about it and tell us how you will manage the sales marketing development? |
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| OTHER INFORMATION, NOTE, REQUEST….. : |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name : |  |  | Direct Phone : |  |
| Title/role: |  |  | City - Country: |  |

Fill the form and send it by email: [info@moncodeage.com](mailto:info@moncodeage.com)

CONFIDENTIALITY CLAUSE: THE INFORMATION WHICH YOU GIVE US REMAINS CONFIDENTIAL AND WILL NEVER BE TO REVEAL

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| --- | --- | --- | --- | --- |
| DATE : |  |  |  |  |
|  |  |  |  |  |