



Prospective Retailer Questionnaire

Date: _____ Tax-Id / EIN# _____

Company Name: _____

Contact Name & Title: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Type of Business: _____

Number of Years in Business / Anticipated Opening: _____

Size of Store: _____ Number of Locations: _____

Number of Staff: _____ Hours: _____

Number of Makeup Artists on Staff: _____

Describe your location and concept as well as the points of difference between your location(s) versus your competitors: _____

Please List Brands Currently Being Carried at Your Location by Category:

Cosmetics

Skincare

Hair Care

Bath & Body

Certified Organic

Natural

What is Most Important to You When Selecting a New Makeup Line: _____

How did you hear about NVEY ECO – Pure Organic Makeup Artistry: _____

*Please include any color photos (internal and external) of your location as well as any service menus, brochures, or related press materials that may be available.

*Tax-Id / EIN must be included to receive wholesale information.

Completed forms can be submitted via email to info@shopnveyeco.com or via fax to 859.261.7635.

Standard lead-time for follow-up is approximately 2-3 business days from receipt of completed questionnaire.