



### 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 Carried by Category:

Cosmetics

Skincare

Hair Care

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bath & Body

Certified Organic

Natural

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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How did you hear about NVEY ECO, Certified Organic Makeup: \_\_\_\_\_

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

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

Completed forms can be submitted via email to [info@econveybeauty.com](mailto:info@econveybeauty.com) or via fax to 859.261.7635.