



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: _____

Brief Description of Location: _____

Unique Features of Location: _____

Please List Brands Carried / Anticipate Carrying: _____

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

Would you be Adding NVEY ECO, or Replacing a Current Line: _____

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

Please also include any photos of your store and/or cosmetics area that are available.

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

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