

OFFICE USE ONLY

Sales Rep: _____

Date: ____/____/____



104 Challenger Ct, Sanford, FL, 32771

NEW PARTNER APPLICATION FORM - US

Store Name: _____

Owner's Name: _____

Store Address: _____

City: _____ State: _____ Zip Code: _____

Store Phone: _____ Cell: _____ Fax: _____

Business/Owner's Email: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____

COMPANY DETAILS

How Long in Business: _____ D&B Rated: _____ D&B No.: _____

Sole Proprietor Partnership Corporation Date of Incorporation: _____

Subsidiary Division Branch Name of Parent Company: _____

Federal ID No.: _____

If Sole Proprietor or Partnership, Social Security No.: _____

Resale Certificate No.: _____

What type of business?

- Beauty School
- Beauty Store (Domestic)
- Beauty Store (International)
- Convenience Store
- Dollar Store
- Flea Market
- Government
- Hair Salon/Barber
- Home Based Business
- Internet Business
- Jobber
- Vendor
- Wholesaler
- Other _____

How did you find out about Mamado?

- Mamado website
- Web search
- Store owner
- Facebook
- YouTube
- LinkedIn
- Other _____

| Do you use purchase orders? | |
|---|----|
| YES | NO |
| List persons authorised to charge: (Attach list with additional names on company letterhead) | |
| Name 1: | |
| Name 2: | |
| Name 3: | |