



PERFORMANCE MAKEUP
SINCE 1927

Dealer Application Form:

Full Name of Business Entity:			
Business Address:			
City, State, Zip:			
Phone #:	Fax #:	Retail ID #:	
Please fill in the appropriate information below:			
<input type="checkbox"/> Owner: (Name):		<input type="checkbox"/> Partner: (Name):	
<input type="checkbox"/> Manager: (Name):		<input type="checkbox"/> Buyer: (Name):	<input type="checkbox"/> Other: (Name):
Largest Nearby City:		Size Of Your Store:	
Bank References			
Name of Bank		Primary Account #	
Bank Street Address			
City, State, Zip:			
Trade References			
Name of Business:		Account #:	
Street Address, City, State, Zip			
Business Phone		Business Fax:	
Name of Business:		Account #:	
Street Address, City, State, Zip			
Business Phone		Business Fax:	
Name of Business:		Account #:	
Street Address, City, State, Zip			
Business Phone		Business Fax:	
Type of Business or Markets you are interested in reaching (Check all that apply):	<input type="checkbox"/> Theatrical/Professional	<input type="checkbox"/> Television/Film	<input type="checkbox"/> Special Effects
	<input type="checkbox"/> Theatrical Education	<input type="checkbox"/> Glamour	<input type="checkbox"/> Halloween
	<input type="checkbox"/> Costume	<input type="checkbox"/> Party Supply	<input type="checkbox"/> Gift Store
	<input type="checkbox"/> Clown Supplies	<input type="checkbox"/> General Merchandise	<input type="checkbox"/> Toy Store
	<input type="checkbox"/> Face/Body Painting	<input type="checkbox"/> Export	<input type="checkbox"/> Other
How did you hear about Mehron?			
<input type="checkbox"/> Trade Ad (Name):	<input type="checkbox"/> Mehron Rep.(Name):	<input type="checkbox"/> Internet http://	
<input type="checkbox"/> Trade Referral (Name):	<input type="checkbox"/> Trade Show (Name):	<input type="checkbox"/> Other (Name):	
Wholesale Trade - Customer Agreement			
<p>The undersigned hereby makes application for credit to Mehron Inc. and warrants that the information contained herein is true and correct. The information provided to induce Mehron Inc. to make periodic sales of merchandise on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant firm and is duly empowered to enter into and make binding agreements on its behalf, (2) accepts that all amounts charged to this account are due and payable in full within the credit terms established for this account, (3) any outstanding balance remaining unpaid beyond the credit terms will incur a 1½% service charge which may be added to the principle and shall, at the option of Mehron Inc. be due and payable immediately, and (4) if it becomes necessary for this account to be placed for collection that an additional charge equal to 25% of the outstanding balance will be added to offset the costs of collection fees, attorney fees and court costs.</p>			
Signed: _____		Title: _____	
Printed Name: _____		Date: _____	

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- 1) Copy of your store's "RESALE CERTIFICATE/LICENSE" (Not a "TAX CERTIFICATE").
- 2) Copy of your store's "YELLOW PAGES LISTING". If a Yellow Page Listing is not currently available, then please submit a photograph of your Store Front.

Please understand that the majority of end-users of Mehron Products are Professionals and Entertainers with Tax ID Numbers. In order to fully support Mehron's authorized retail dealers, we must receive the items listed above. Wholesale pricing will be released immediately upon verification of these items. To expedite this process, you can fax the application Toll Free to 1-888-88-MAKEUP. Thank you and please call Toll Free at 1-800-332-9955 with any questions.