

# INVISIBLE HAIRLINE UNITS

## RESELLERS APPLICATION

Please print this application, fill it out and fax it along with a copy of your cosmetology and driver's license to:

770-719-9043

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Salon Name \_\_\_\_\_

Salon Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salon Phone # \_\_\_\_\_

Title: Hair Stylist  Salon Owner  Student  Other \_\_\_\_\_

Cosmetology License # \_\_\_\_\_ State of License \_\_\_\_\_

How long have you been licensed? \_\_\_\_\_

**OR MAIL YOUR APPLICATION TO:** Another Look Cosmetology, LLC, Invisible Hairline Units Department

P.O. Box 491601- Atlanta, GA 30349

If you have any questions, feel free to call us at 404-209-0100.

FAX: 770-719-9043

**Please Allow 2 weeks for processing your application!**