

Application Information

First Name / Last Name: _____
 Home Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____ Home Phone: _____
 Cell Phone: _____ Primary Email: _____
 Should you become a dealer, where will supplies and equipment be shipped?
 Home address listed above
 Different shipping address listed below
 Shipping Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____ Shipping Phone: _____

Business Information

Do you currently own a Maui Brands International dealership such as Maui Whitening? Yes _____ No _____
 If yes, please fill out the below information for your current business:
 Business Name: _____
 Who will own the rights to your Maui Lash Dealership?

Privacy / Security

4 Digit Phone PIN: _____ (in order to protect your privacy, this will be required to access your account when you call in.)
 Security Question: _____
 Security Answer: _____

Dealership Type:

Which type of dealership are you applying for?
 In-House Dealership: (placing Maui Lash inside an existing business)
 Stand-Alone Dealership: (Maui Lash will have its own location with no other business attached to it.)
Choose one:
I am applying for an In-House Dealership:
 Is the other business you are placing Maui Lash inside a(n):
 Placing in the same location as my Maui Whitening Dealership
 Placing my Maui Lash Dealership inside another existing business: _____
 Please describe the nature of the above business and services/products you sell. _____
I am applying for a Stand-Alone Dealership:
 Please fill out if you are going to have your Maui Lash Dealership as a stand alone business with it's own location - no other business or dealership attached to it.)
 Leasing/purchasing new space for your Maui Lash dealership
 Using existing space you already have for your Maui Lash location, but not used in conjunction with another business

(Please note that Maui Lash dealerships may not be placed inside a home. All dealers are required to have a physical non-residential space for their dealership.)

Approximately how much square footage will be allocated to your Maui Lash location?

Maui Lash Location #1 _____ sq. feet

Maui Lash Location #2 _____ sq. feet

Approximate date you'd like to be "open" for business:

Would you like rights to more than one Maui Lash dealership? Yes _____ No _____

If so, other city/state locations of interest: _____

Maui Lash offers assistance at no additional charge to help you choose the right location and negotiate rent.

Would you like us to support you in this? (optional) Yes _____ No _____

Stations

- Single Station Maui Lash Dealership
- Double Station Maui Lash Dealership

Authorized Persons On Your Account

Who may place a future supply order for this account?

- No one beside owner(s)/partner(s) listed above.

Authorized Person #1 Name: _____ Title: _____

Contact Phone: _____

Authorized Person #2 Name: _____ Title: _____

Contact Phone: _____

Purchase Order Required? Yes _____ No _____

(Please note, all orders will be shipped to Business' Shipping Address listed on this form.)

Requirements

Please check if you will have the following at your location:

- wireless internet access (required)
- electrical in the room where lash extensions will be performed
- adequate general lighting in the room where the lash extensions will be performed

Is there anything else you'd like to add to this application?

I hereby state that the information contained herein is correct and not misleading, and I realize that this is solely an application and not a Dealer Agreement or Contract between Maui Lash and applicant. A Dealer Account will be subject to terms described in the Dealer Agreement associated with this application. The Dealer Agreement will be sent to applicant upon acceptance of this application for review and acceptance. I understand the above information is given in confidence and for the sole purpose of applying account with Maui Lash.

Applicant: _____
(Full Name Print)

Signature: _____

Date: _____ Title: _____

Please sent this completed and signed application form via fax to Maui Lash LLC.
Fax (888) 316-2212, or scan and email to dealer@mauilashextension.com