



INTERNATIONAL VIRGIN HAIR

# Authorized Retailer Application

Complete the application below & fax it to (404) 971-6305 or email to [newaccounts@ivhimports.com](mailto:newaccounts@ivhimports.com). Please allow 24 –48 hours for processing.

Contact Information		Retailer ID #	
First Name			
Last Name			
Company			
Address 1			
Address 2			
City, State and Zip			
Business Phone			
Cell Phone			
Fax			
Email Address			

Social Media Marketing	
Facebook	
Twitter	
Youtube	
Website	

Registration Fee
<input type="checkbox"/> Annual fee \$99 Please Initial: _____

Yes, I authorize International Virgin Hair Imports, LLC to debit my credit /debit card for the retailer option and the optional smart kit chosen above and to remit adjustments for any transactions completed in error. I also understand that I may cancel my registration as an authorized retailer at anytime by calling IVH retailer support at 1-888-515-0252

Payment Information			
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Other _____		
Name on Card			
Billing Address			
City, State, & Zip Code			
Credit Card Number			
Security Code <small>(3 Digits on back of card.)</small>		Expiration Date	
Signature			
Date			

FOR INTERNAL USE ONLY
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reviewed By:
Date Card Charged: