



DEALER APPLICATION
 LBI, Inc., PO Box 365, Lederach, PA 19450-0365
 800-253-0286 • 610-287-2248 • 610-287-2249 Fax
 E-mail: info@healthyhaircare.com
 www.healthyhaircare.com • www.intenseeq.com

Company Name					Contact Name					Phone Number														
Street Address					City					State					Zip					Fax Number				
Department					Contact					Email														
Accounting																								
Purchasing																								
Shipping																								
Customer Service /Sales																								
Website:																								
Years in Operation:					Nature of Business:																			
<input type="radio"/> Circle One					<input type="radio"/> Corporation					<input type="radio"/> Proprietorship					<input type="radio"/> Partnership					<input type="radio"/> Ltd. Partnership				
Must be completed for application to be considered										Corporate Officers, Partners, Company Proprietors														
State Resale # _____										FED ID # _____														
										- -														
1) Name					Home Address					SS. Number					Title									
										- -														
2) Name					Home Address					SS. Number					Title									
CREDIT CARD NUMBER. TO BE USED FOR PAYMENT IF TERMS ARE NOT MET -																								
# _____					Authorized Signature _____																			
Exp. Date _____															Must be signed									
Bank Name					Address					Phone														
Contact Name					Account Number(s)					Checking					Loan									
1) Trade Name					Address					Phone														
2) Trade Name					Address					Phone														
3) Trade Name					Address					Phone														
THE UNDERSIGNED AUTHORIZES AND INSTRUCTS ANY PERSON OR CONSUMER REPORTING AGENCY TO COMPILE AND FURNISH LBI, INC. HEALTHY HAIRCARE PRODUCTS WITH ANY INFORMATION IT MAY HAVE OR OBTAIN IN RESPONSE TO ANY INQUIRY BY LBI, INC. UNDERSIGNED FURTHER STATES THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE.																								
SIGNATURE OF APPLICANT _____										DATE _____														