

QuickTint™

instant hair root touch-up

DATE: _____

QuickTint Distribution Application

Name of Distributor: _____

Applicant Name: _____

Address: _____

Country(s): _____

Registration Number? _____

Telephone Number: _____

Fax Number: _____

Email: _____

Web-Site? _____

How long in business? _____

Anticipated order amounts: _____

Do you distribute any other lines of goods? _____

If so, what brands? _____

References: _____

Please email scan completed form to admin@quicktint.biz or,

Please fax completed form to: QuickTint/USA +8452435987

Thank you.

Rita Starnella

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