

DMK

Danné Montague-King®

WHOLESALE ACCOUNT APPLICATION

First, we would like to thank you for showing an interest in the **Danné Montague-King®** concept and product range. Unlike many product ranges, we demand a high level of commitment from our therapists in order to offer great results and high client satisfaction. This questionnaire aims to better understand your current business operations and objectives for a new or replacement product range. Once you have completed the application, please email to **info@dmkskincare.ca**. We will send you more specific information and an Account Manager will contact you shortly after.

This form should be completed by the business owner or financial decision maker:

Name: _____

Business Name: _____

Street Address: _____

City: _____ Prov: _____ P/C: _____

Phone: _____ Email: _____

Twitter: @ _____ Instagram: _____

Facebook/Business: _____ Website: _____

Is this an established business? Yes No (answer following based on current plans)

Which of the following best describes your business?

- Skin Care Clinic Only Full Service Salon (Hair, Nail, Skin) Day Spa
- Destination Spa Hotel Spa Medical Spa Doctor's Office Country Club
- Resort Fitness Center Yoga Center Beauty School Other _____

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How many locations do you have? _____ How many treatment rooms do you have? _____
Highest Level of Certification _____ License#: _____

Primary Contact: _____ Title: _____
Name: _____ Birthday: _____ Alt Phone: _____
Email: _____

Spa Director/Salon Manager: _____ Phone: _____
Name: _____

Product Buyer: _____ Phone: _____
Name: _____ Best Time to Call: _____
Hours of Operation: _____

Services Offered:

- | | | |
|--|---|---|
| <input type="checkbox"/> Hair Care | <input type="checkbox"/> Makeup Application | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Skin Care | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Vichy Shower | <input type="checkbox"/> Light Therapy |
| <input type="checkbox"/> Waxing | <input type="checkbox"/> Tanning | <input type="checkbox"/> Paraffin |
| <input type="checkbox"/> Body Treatments | <input type="checkbox"/> Nutritional Counseling | <input type="checkbox"/> Other (specify): _____ |

How many therapists do you have performing skin or body treatments? _____

Are therapists employed by you or independent contractors? Employed Independent

Current Hair Care Brands Used:

Retail/Backbar _____
Hair Color/Chemical _____
Other/Treatments _____

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Miscellaneous Retail Items Offered:

Best Selling Items:

Briefly describe your facility's brand identity, brand statement, or philosophy:

If you take on DMK Montague-King, will it be an additional brand or a replacement?

Additional Brand Replacement for: (specify) _____

On average, approximately how much do you spend on skin care products monthly? \$ _____

What, if anything, interested you most in the DMK Montague-King brand?

Do you currently sell or do you intend to sell, products over the internet? Yes No

Were you Referred by anyone? If so, whom? _____

Once Completed Please Email to: info@dmkskincare.ca