

## Retailer Account Application

### Company Information

Business Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Business Schedule (Days/Hours of Operation) \_\_\_\_\_

Company Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account Representative Email \_\_\_\_\_

Company URL \_\_\_\_\_

Company is a (circle one):

Corporation    LLC    Partnership    Proprietorship    Other: \_\_\_\_\_

Owner / Officer Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Personal Address \_\_\_\_\_

Personal Phone No. \_\_\_\_\_

Signature \_\_\_\_\_

## Trade References

Business References (companies with which you have an account):

Please do not use utilities, banks or credit cards as references.

Reference No. 1

Person to contact \_\_\_\_\_

Business name \_\_\_\_\_

Business' full address \_\_\_\_\_

Business' telephone \_\_\_\_\_

How long has your account been active? \_\_\_\_\_

What type of business do you transact with this company? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reference No. 2

Person to contact \_\_\_\_\_

Business name \_\_\_\_\_

Business' full address \_\_\_\_\_

Business' telephone \_\_\_\_\_

How long has your account been active? \_\_\_\_\_

What type of business do you transact with this company? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Business Information

Type of products you will primarily purchase (circle)

Wefted Extension Hair   Prebonded Extension Hair   Braiding Extension Hair  
Hair Pieces/Ponytails   Full Wigs   Hair Installation Supplies

Manner of your business (circle all that apply)

Physical Retail Store   Online Retailer   Licensed Hair Professional  
Special Effects Industry   EBay   Kiosk   Events/Fundraiser/Shows  
Home-based Business   Distributor

How long has your company been in business?

\_\_\_\_\_

Would you like to receive our email newsletter?   Yes   No

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Website Log In:

Requested Username \_\_\_\_\_

Requested Password \_\_\_\_\_

I have read and understood the Terms and Conditions.

I certify, under penalty of perjury, that all information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terms and Conditions

### Doctored Locks Account Policy.

In submitting this application to become a wholesale vendor of Doctored Locks, you confirm that you will be reselling **all** products purchased from Doctored Locks at distributor pricing and that you will not be in the final consumer of such products.

As a wholesale vendor of Doctored Locks, you will have access to proprietary discount pricing that you shall not share with anyone outside your organization.

Prices are subject to change anytime.

Doctored Locks reserves the right to terminate the wholesale relationship at any time.

The following is a brief overview of the information you will need to become a Doctored Locks Retailer. To expedite the approval process, please provide all the necessary information and signatures.

### Doctored Locks Retailer Requirements

Doctored Locks Retailers must submit the following information in addition to the account application form:

- A photocopy of your current business license or state registration.
- A photocopy of your State Tax Resale Form with your State Tax Resale Number on the form. Please contact your state department of commerce or state department of business for this information.
- A copy of your letterhead or business card.
- A valid email address.
- Retailer Application Checklist

Please write legibly and ensure that any faxed photocopies are clear and legible.

Please allow 5 business days for your application to be processed.

You will be notified by email when your account is approved and opened.

Incomplete or illegible applications will not be processed.

If you have not been notified of your account status within 15 business days of submitting your application, please re-submit your complete and legible application.

#### Opening Order

Your opening order must be a minimum of \$500.00 net.

#### Ordering Quantities

Some products may not be available individually for wholesale discounts. In addition, due to the large variety of products and product lines we carry, the discount available may vary by brand or type of product. The discount savings you can anticipate is generally 20-60% off retail prices. Some items may be discounted by a smaller percentage because the retail price is already greatly discounted below market or list price.

#### Account Status & Review

The status of your account will be reviewed annually. In an effort to keep records accurate you may be asked periodically to provide updated information regarding the status of your business. Accounts that have not had purchasing activity for six months will be deleted and you will need to reapply. You are expected to maintain an annual purchasing volume of \$5,000 or higher. These are reviewed quarterly to ensure accounts are maintained.

#### Change of Ownership

If the business changes ownership, the new ownership is required to reapply for an account with Doctored Locks. Any and all pending orders submitted by the previous owners that have not yet shipped will be cancelled.

#### Store relocation

If you relocate your business you are required to keep all of your information up to date.

## Ordering

Web orders may be submitted online via the Doctored Locks web site <http://www.doctoredlocks.com> using the online store. You must have an active reseller's account and be logged in to view wholesale prices and submit orders online.

Fax orders may be transmitted to 1.509.328.1079.

## Returns

Returns must be submitted within 10 business days of receipt. Please provide the invoice and P.O. number when making a return. A 15% restocking fee will be applied to all returned merchandise.

All returns require a Return Merchandise Authorization (RMA) number. Please call Customer Service to make a claim or process a return.

## Customer Service Hours

Doctored Locks Customer Service hours of operation are 8:00 a.m. to 5:30 p.m. PST, Monday - Friday. The Doctored Locks Customer Service department may be reached by phone at 1-509-326-7100 or by fax at 1-509-328-1079. You may also contact customer service via email at [sales@doctoredlocks.com](mailto:sales@doctoredlocks.com)

You may fax your completed application to: 1.509.328.1079

Or by mail:

Doctored Locks  
7406 E. Sprague, Main Building  
Spokane Valley, WA, 99212

## Photo and Permission to use Doctored Locks Designs

Purpose: Permission request for use of Doctored Locks product, photos, product description etc online for use in the sale of product purchased at wholesale rates from Doctored Locks.

If you are a wholesale customer of Doctored Locks and have an online site, you need permission from Doctored Locks to publish any photographs, product descriptions or artwork.

Doctored Locks products are original designs and subject to copyright, trademark and intellectual property laws.

If you place items for sale on your site, you may only do so with permission and under the following guidelines:

- Photographs from our site may be used with permission.

- Product descriptions must closely match the Doctored Locks product descriptions.
- Product and descriptions must clearly state that is a Doctored Locks product.
- Pre-approval for product and descriptions must be submitted prior to posting information online.
- Your approval to use Doctored Locks content is not transferable. Approval to use our product online is for your store only.

Retailer Account Application Checklist

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Submission Date \_\_\_\_\_

- 
- A completed Retailer Account Application
  - A photocopy of your State Tax Resale Form showing your State Tax Resale Number
  - A photocopy of your business license or state registration documentation
  - A copy of your business letterhead or business card

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**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ FAX \_\_\_\_\_ MAIL \_\_\_\_\_

APPLICATION COMPLETE: \_\_\_\_\_ YES \_\_\_\_\_ NO

CONFIRMATION EMAIL (OF SUCESSFUL APPLICATION) SENT \_\_\_\_\_

**APPLICATION PROCESSING**

DATE SUBMITTED: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

ACCOUNT APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

WEB ID \_\_\_\_\_ PASSCODE \_\_\_\_\_

ACCEPTANCE EMAIL SENT \_\_\_\_\_ EMAIL SENT BY \_\_\_\_\_

COMMENTS

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