



CELLEX-C AUTHORIZED RESELLER APPLICATION FORM

Please complete the application form and email it to info@cellex-c.com

NAME OF BUSINESS

BUSINESS / LICENCE #

BUSINESS ADDRESS

STREET

UNIT / SUITE

CITY / TOWN

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

CONTACT PERSON

FULL NAME

PHONE

EMAIL

WEBSITE

Do you prefer to be contacted via email or phone?

Email Phone

If via phone, please specify best time to contact you:

1. Business type:

Spa Med-Spa Retail Dermatologist Other

If other, please specify:

2. What is your estimated annual Cellex-C sales?

3. Do you have an licensed aesthetician or medical professional on premise?

Yes No

4. What other skin care lines do you carry?

5. What other vitamin C skin care lines do you carry?

6. How do you plan to incorporate Cellex-C into your business?

7. Where did you hear about Cellex-C?