



i dream HAIR

Toll Free 1-866-949-6669

www.idreamhair.com

Wholesalers Application

email: sales@idreamhair.com

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Salon Name: _____

Salon Address: _____

City: _____ State: _____ Zip: _____

Salon Phone: _____

Title: Hair Stylist _____ Salon Owner _____ Student _____ other _____

Cosmetology License # _____ State of license: _____

How long have you been licensed? _____

Website: _____

Email: _____

* minimum order is 5 units