



TOMMY'S STARBRITE DISTRIBUTOR APPLICATION



Company Name: _____

First & Last Name: _____ Title: _____

Business Address: _____

_____ Postal Code _____

Phone: _____ Email: _____

Website: _____

Facebook: _____

Instagram: _____

How many years in business? _____ Do you attend Tattoo Conventions? _____ If so how many per year?: _____

Do you currently Carry StarBrite? _____ If Yes, through whom: _____

First purchase order amount: _____ Estimated monthly/quarterly Sales Projection _____

Disclaimer: Your location is very important to us because we may have other distributors in your area that we need to take into consideration. If this is the case we will do an analysis of that distributor before making our final decision to take you on as a Tommy's StarBrite Colors reseller. After looking over your application we will then send you our agreement letter with the discounted rates and regulations to sell our tattoo ink brand.

(Signature)

(Name Printed)

