

This is a "Professionals Only" web site. We exclusively wholesale products to spas, salons, nail salons, massage therapists, medical spas and beauty schools. Please fax your vendor permit, business license, or diploma to us at 416-746-0050. **WE WILL VERIFY YOUR INFORMATION AND KEEP IT ON FILE.** Please complete the form below.

Business Name or Full Name:

Nature of your business (Salon, Day spa, Clinic, School):

Profession (Nail Technician, Aesthetician, Salon Owner,

Massage Therapist, Student, Other):

School Name, Phone #, and program:

Contact Name *

Address *

City*:

State/Province:

Country*:

Zip/Postal Code:

Phone #:

Fax #:

Email:

Password*

Repeat Password*: