

THE ART SHAVING®

NEW YORK

BARBER'S SHOP APPLICATION

To proceed with your application, please email the following information and documents along with this form to orders@theartofshaving.com.

- [W9 tax form](#)
- [A valid resale certificate](#)
- **Photos of your business** (interior & exterior)

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____ BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WEBSITE: _____

OPERATIONAL DATA:

YEARS IN BUSINESS: _____ YEARS IN SALES/SERVICE: _____ NO. OF LOCATIONS: _____

SQ. FT: _____ NO. OF EMPLOYEES: _____ NO. OF CHAIRS: _____

Describe why do you want to become an authorized The Art of Shaving Reseller.

Describe your business & geographic locations where you plan to sell The Art of Shaving.

What other premium grooming brands to you currently sell?

Do you intend to use The Art of Shaving in your back-bar? _____

Do you plan to resell online on your website? _____