

SALON PROFILE

SALON CONSULTANT _____

SALON NAME _____

ADDRESS _____

PHONE # _____ FAX _____

E-MAIL _____

DAYS AND HOURS OF OPERATION _____

NUMBER OF STYLISTS _____

NUMBER OF COLORISTS _____

OWNERS NAME _____

MANAGERS NAME _____

MASTER CLORIST NAME _____

TOP THREE (3) APPLIANCE LINES _____

TOP THREE (3) PERMANENT COLOR _____

TOP THREE (3) DEMI (SEMI) COLOR _____

RED _____

SHC _____

PURE _____

CREW _____

ART _____

LOR _____