

New Customer Application Form

Distributed By



<p>1) Billing Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>	<p>2) Ship to Information (If different)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>
<p>3) Point of Contact</p> <p>Contact Name: _____ Phone: _____ Fax: _____ Email: _____</p>	
<p>4) Cosmetology License #: _____</p>	
<p>4) How did you learn about our products (Co-worker, Family, Friend, Online, etc): _____</p>	
<p>5) List of products of Interest: _____</p>	
<p>6) Purpose of Purchase (Use, Resale, etc.): _____</p>	

Please send the completed form by either Email, Fax or Mail

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step 1
PREP



step 2a
CLEANSE



step 2b
RESTORE



step 3
SEAL

