



ACCOUNT PROFILE FORM

Bill to address

First Name: _____ Last Name: _____

Business Name: _____

Street Address: _____ Apt#/Suite# _____

City: _____ State: _____ Zip Code: _____

Telephone:(____) _____ Mobile:(____) _____ Fax:(____) _____

E-mail: _____ Please add me to your email list YES NO

Ship to address

Same as bill to check here _____

First Name: _____ Last Name: _____

Business Name: _____

Street Address: _____ Apt#/Suite# _____

City: _____ State: _____ Zip Code: _____

Telephone:(____) _____ Mobile:(____) _____ Fax:(____) _____

Contact information

Owner's Name: _____

Main Contact: _____ Position: _____

Authorized Purchasers: _____ Position: _____

Payment Information

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Account: --- Exp.Date: /

Credit Card Security Code:

Name as it appears on credit card: _____

I hereby authorize Advanced Skincare Distributors to process payment on my account. I also hereby authorize Advanced Skincare Distributors to maintain this information on file. In the event that this method of payment is not appropriate, I will contact Advanced Skincare Distributors and provide them with updated payment information.

Account Holder's Signature: _____ Date: _____

Licensee Information

License Number: _____ Issuing State: _____

Date Issued: _____ Exp. Date: _____

Select Advanced Skincare products are only sold to licensed professionals in the skin care profession and the sale of the products by anyone not professionally licensed may create a risk for end users. If licensing information is unverifiable the account will not be approved until this information is confirmed.

Please complete a few questions to help us serve you better:

1. How did you hear about Advanced Skincare Distributors?

- Advertisement Email
 Trade Show Social Media
 Seminar Referral
 Internet Other _____

2. Do you carry any other skin care lines? Yes No If yes, please name _____

3. How many estheticians do you employ? 1-2 3-5 6-9 10+

4. How many treatment rooms do you have? 1-2 3-5 6-9 10+

5. How many years have you been in business? _____

Thank you for your interest in Advanced Skincare Distributors! We value you as our customer and we look forward to long and prosperous relationship.

Please complete, sign, date, and return to the Corporate office:

Advanced Skincare Distributors

2752 Big Pine Drive

Holiday, FL 34691

800.366.7067

Fax: 866.467.9443

Email: Orders@AdvancedSkincareDist.com