



## NEW CUSTOMER PROFILE

PLEASE CHECK ONE :  BUSINESS ACCOUNT  PERSONAL ACCOUNT

ACCOUNT NAME \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

MAIN CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

ALT CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

PHONE \_\_\_\_\_  BUSINESS  HOME  MOBILE

ALT PHONE \_\_\_\_\_  BUSINESS  HOME  MOBILE

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PASSWORD FOR ONLINE ORDERING (OPTIONAL) \_\_\_\_\_

HOW DID YOU HEAR ABOUT IMAGE? \_\_\_\_\_

HOW MANY ESTHETICIANS ARE EMPLOYED? \_\_\_\_\_ HOW MANY TREATMENT ROOMS DO YOU HAVE? \_\_\_\_\_

HOW MANY CLIENTS DO YOU SEE PER WEEK ON AVERAGE? \_\_\_\_\_

WHAT TYPE(S) OF SERVICE(S) DO YOU PROVIDE? \_\_\_\_\_

ADDITIONAL SKIN CARE LINES YOU DISPENSE \_\_\_\_\_

### INSTRUCTIONS:

PLEASE FAX THE FOLLOWING TO 561.791.2603

- NEW CUSTOMER PROFILE
- ESTHETICIAN OR PHYSICIAN LICENSE
- TAX RESALE CERTIFICATE

If a Tax Resale Exemption Certificate is not available, you will be charged sales tax according to your residential state.

\*AN IMAGE REPRESENTATIVE WILL CONTACT YOU SHORTLY TO FINALIZE YOUR ACCOUNT SETUP.