

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

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