

PSP

Prestige Salon Products

The very best in professional salon products and premium stylist tools

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NEW ACCOUNT FORM

Salon/Account Name:

Contact Name:

Shipping Address:

Main Phone#: _____

Cell Phone #: _____

Email Address: _____

Website Address: _____

Cosmetology License #:

_____ **State:** _____

Retail Tax Exempt#: (if applicable)

***Please send official signed document**

Credit Card on file: (Do Not Email or Fax – Please call)

Type _____ **Name on Card** _____

Card Number: _____ **Exp.** _____ **Sec. Code** _____

Billing address (if different than shipping address):

