

## NEW ACCOUNT FORM

Salon/Account Name:

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Contact Name:

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Shipping Address:

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Main Phone#: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Cosmetology License #: \_\_\_\_\_ State: \_\_\_\_\_

Retail Tax Exempt#: \_\_\_\_\_

**\*Must be accompanied by your completed state tax exempt form and a copy of your resale tax certificate.**

**If you prefer to pay the tax to Prestige:** Date: \_\_\_\_\_ Customer Initials: \_\_\_\_\_

### CREDIT CARD ON FILE (Do not email or fax)

Please have the following information ready when the Prestige representative calls

- Type of Card
- Name as it appears on the card
- Card Number
- Expiration Date
- Security Code
- Billing address (if different from shipping address)