

Attention: Customer Service

Fax: 925-556-0420

Re: New Account / Update Account Form

Date: _____

Rep:



BUSINESS Name BUSINESS Phone	
CONTACT Name CONTACT Cell Phone	
BUSINESS Address <small>If you are renter or within a business, please specify these details such as name of business, your name and suite number, etc.</small>	
SHIPPING Address <small>Please note that UPS charges a residential delivery fee if shipping to your home.</small>	
EMAIL <small>Your rep will ensure you are always kept aware of specials, new products and education via email but will not share your email address with anyone other than Aesthetics Plus.</small>	
CREDIT CARD Holder's Name <small>*If not your card, please have cardholder complete a credit card release form and fax in to Aesthetics Plus.</small>	
CREDIT CARD <small>Your last 4 digits are noted along with expiration and code but please remember to provide the new expiration date and code each time your card expires or when you order on-line.</small>	#: _____ Expiration Date: _____ Code: _____
CREDIT CARD Billing Address	
ESTHETIC LICENSE Number & Expiration <small>Fax a copy of license with this form to AP for account activation and when you renew your license each year to keep account active.</small>	
RESALE LICENSE <small>Sales tax will be charged on retail items unless a copy is faxed to Aesthetics Plus.</small>	