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NEW CUSTOMER APPLICATION

(Completed forms & additional documentation can be e-mailed or faxed to our offices)

Account Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Phone: () - _____
Fax: () - _____
Cell: () - _____
E-Mail: _____

***Professional Information*:**

I Am A: _____
(A)Business Name: _____
(A)Tax ID: _____
(A)Business State: _____
(B)License #: _____
(B)License State: _____
(C)School Name: _____
(C)Student ID: _____
(C)School State: _____

Add me to your mailing list

Please attach a copy of all related documents to verify the above information. Failure to provide documents within 2 weeks of submitting application will result in account rejection.

I Am A:

Complete Section:

Categories of Interest:

(Check all that apply)

<input type="checkbox"/> Business	Section (A) Above	<input type="checkbox"/> Hair Care	<input type="checkbox"/> Skin Care
<input type="checkbox"/> Esthetician	Section (B) Above	<input type="checkbox"/> Nails	<input type="checkbox"/> Fashion
<input type="checkbox"/> Makeup Artist	Section (B) Above	<input type="checkbox"/> Spa	<input type="checkbox"/> Bath & Body
<input type="checkbox"/> Massage Therapist	Section (C) Above	<input type="checkbox"/> Tools	<input type="checkbox"/> Men's Grooming
<input type="checkbox"/> Nail Technician	Section (B) Above	<input type="checkbox"/> Supplies	
<input type="checkbox"/> Student	Section (C) Above	<input type="checkbox"/> Accessories	
<input type="checkbox"/> Stylist	Section (B) Above	<input type="checkbox"/> Cosmetics	

If Other, please list: _____

If Other, please list: _____

I HEREBY CERTIFY: That all information above is correct and by signing below do attest that all statements are true.

Signature of Authorized Agent: _____

Date: _____

Beauty Industry Group DBA Beauty Depot is hereby authorized to obtain all information necessary from any source concerning the statements in this application. **Incomplete/unsigned questionnaires will not be accepted.**