

Company Name			
Date	Bill To		
Contact:	Address		
Tel	City	State	ZIP
Fax	Attn:	Country	
Email	Ship To: (If Different)		
Shipping Acct#	Fedex / UPS (Circle One)	Address	
Rep	City	State	ZIP
Circle One: School / Retail / Spa / Salon / Other	Attn:	Country	
If Other Describe:	Number of Years in Business		

Instructions:

Complete the entire remittance form at the bottom of the page

<input type="checkbox"/> Corporate <input type="checkbox"/> Personal	
Cardholder Name:	_____
Cardholder Signature:	_____
<input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Other	Expiration Date _____
Billing ZIP Code: _____	V-Code _____ (3 digit number on back of card)
Card Number:	_____