



NEW ACCOUNT INFORMATION FORM

Company Name: _____

Contact Person: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Federal Tax ID or Social Security Number: _____

How many years in business? _____

Please provide us with 3 business references (no utilities please):

Company Name: _____

Contact Person: _____

Telephone: _____ Fax or email: _____

Company Name: _____

Contact Person: _____

Telephone: _____ Fax or email: _____

Company Name: _____

Contact Person: _____

Telephone: _____ Fax or email: _____

Please provide your credit card information below:

Card type (circle one): Mastercard Visa

Card Number: _____

Expiration Date: _____ 3-digit security code from card back: _____

Authorized Signature: _____

Check Payments

If you prefer to pay by check, you must mail your order with a check payable to **Transcending Cosmetics** to the address below. Your order will ship as soon as your check clears our bank. For immediate shipment, you may choose to use a money order which is processed the same as cash and your order will ship the same day.

Proof of Professional Status

If you are a licensed professional please provide us with a copy of your professional license and fill in the information below:

Type of License: _____

License Number: _____ Expiration (if any): _____

Issuing State: _____

If you are NOT a licensed professional but you are the owner of a business or medical practice, please include a copy of your letterhead with your sales tax number printed on it. Or you may include business cards for any of the office staff that will be placing orders.

Terms

To receive your professional discount, all orders must be prepaid using a credit card or check. Sorry, but we cannot offer credit terms to new accounts.

Transcending Cosmetics, LLC
PO Box 140 Riderwood • Maryland 21139
Call: 800-471-2601 (toll free) • 410-769-6458 (local)
Fax: 410-769-6477 • eMail: sales@lindaseidelpro.com