

DivineBeauty/RejuvaStamp

Professional Customer Profile

DivineBeauty/RejuvaStamp has created a unique product and treatment procedure using Electro Collagen Induction Therapy. DivineBeauty/RejuvaStamp allows physicians, dermatologists, plastic surgeons, nurses, aestheticians, and other licensed professionals to open an Approved Account with DivineBeauty/RejuvaStamp. If you are not a licensed professional able to legally perform ECIT in your state, you cannot open an Approved Account. All local and state laws pertaining to skin rejuvenation services must be adhered to, as DivineBeauty/RejuvaStamp will not be responsible for a professional, or non-professional, who acts out of the scope of licensing laws and rules.

To receive further information or open an account, please complete the following information.

Please fill out this form, Professional Customer Profile, and send along with a photocopy of your professional (active) license. There are other forms DivineBeauty/RejuvaStamp requires you to read and sign before approving your account. DivineBeauty desires to maintain a high standard for the ECIT treatment - these documents help insure protocols are maintained.

NOTE: You will be required to follow your State's licensing laws pertaining to skin rejuvenation procedures, as well as laws pertaining to ECIT type therapies.

Name & Title of person filling out this form:

Name _____ Title _____

Are you a licensed skincare professional? _____

Check appropriate line and explain your license specialty:

_____ Physician _____

_____ Nurse/RN _____

_____ Aesthetician _____

_____ Other _____

Part I: How did you hear about DivineBeauty/RejuvaStamp? (Information required)

Indicate below which option best describes how you heard about DivineBeauty/RejuvaStamp.

_____ DivineBeauty/RejuvaStamp Website

_____ Other Website

_____ Tradeshow

_____ Client

_____ Friend

_____ Trade Journal

_____ Referral - Who made the referral _____

_____ Other: Explain _____

Part II: Business Information

Business Name: _____ Tax ID Number: _____

Business Owner's Name: _____ DOB ____/____/____
MM YY

Are the skincare professionals employed by you or independent contractors? (Circle one)

Employee or Independent

Skincare Professional's Name: _____ DOB ____/____/____
MM YY

Skincare Professional's License No: _____ State: _____ Country _____

Type: _____ Expires: _____

Billing Address:

Street _____ Suite or No: _____

City: _____ State: _____ Zip Code: _____ Country _____

Shipping Address (if different):

Street _____ Suite or No: _____

City: _____ State: _____ Zip Code: _____ Country _____

Telephone: _____ Fax: _____ Business E-mail: _____

DivineBeauty/RejuvaStamp uses e-mail as its main source of communication with clients. It is essential to keep you fully up to date on your orders, shipping information, new products, tradeshows and our product trainings.

List the name and position of employees authorized to place orders with DivineBeauty

Name: _____ Title: _____

Part III: Customer Profile Information

Indicate below which option best describes your business

Doctor's Office ___ Skin Care Clinic ___ Medical Spa ___ Day Spa ___ School ___

Full Service Salon (Hair, Nails, and Skin) ___ Destination/Hotel Spa ___ Other ___

How many locations do you have? _____

Name of Establishment(s):

How many treatment rooms do you have? _____

How many clients do you see per week (average)? _____

How many skin care professionals do you have performing treatments? _____

What type of services do you provide?

Please list the skincare products/lines that you currently carry?

Part IV: Signature Waiver

Your signature is required for the delivery of your package. If you are unable to comply, please contact your Account Executive for a **Signature Waiver Form**. Please be advised that product title and risk of loss will pass to the purchaser FOB shipping point.

By signing below, you certify that all of the information provided is true and that you understand this form and that you are authorized to sign.

Signature: _____

Title: _____

Date: _____