

## ACCOUNT INFORMATION

### Partner Information

Practice Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address (for shipments): \_\_\_\_\_ Attn \_\_\_\_\_

Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

Medical Director/Physician Name \_\_\_\_\_ #Doctors in Office \_\_\_\_\_

Other Physician Names & Specialties \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_ Attn \_\_\_\_\_

Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Billing Contact \_\_\_\_\_ Title \_\_\_\_\_

Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

### Type of Practice

( ) Plastic Surgery ( ) Facial Plastic Surgery ( ) Dermatology  
( ) Dental ( ) Ophthalmology ( ) Other Medical \_\_\_\_\_

### Skin Services Offered

( ) Chemical Peels – Lactic (Brand & %) \_\_\_\_\_ Jessner's (Brand) \_\_\_\_\_  
TCA (Brand & %) \_\_\_\_\_ Other Peels \_\_\_\_\_  
( ) Microdermabrasion \_\_\_\_\_ ( ) Needling \_\_\_\_\_  
( ) Lasers \_\_\_\_\_ ( ) Injectables \_\_\_\_\_  
( ) IPL/BLL \_\_\_\_\_ ( ) Other \_\_\_\_\_

Other Skin Care Products Offered \_\_\_\_\_

### Skin Care Staff

### Position

### Email

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CREDIT CARD INFORMATION

Name on Credit Card \_\_\_\_\_ Tax ID # (or SSN) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_

Signature for the Authorized Card Holder \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_