



CIRCADIA
by Dr. Pugliese

Advanced Professional Skincare

ACCOUNT PROFILE FORM

Bill to address

First Name: _____ Last Name: _____

Business Name: _____ Officers/Directors: _____

Street Address: _____ Apt#/Suite# _____

City: _____ State: _____ Zip Code: _____

Telephone:(____) _____ Mobile:(____) _____ Fax:(____) _____

E-mail: _____ Please add me to your email list YES NO

Ship to address

Same as bill to check here

First Name: _____ Last Name: _____

Business Name: _____

Street Address: _____ Apt#/Suite# _____

City: _____ State: _____ Zip Code: _____

Telephone:(____) _____ Mobile:(____) _____ Fax:(____) _____

Contact information

Owner's Name: _____

Main Contact: _____ Position: _____

Authorized Purchasers: _____ Position: _____

Payment Information

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Account: --- Exp.Date: /

Credit Card Security Code:

Name as it appears on credit card: _____

I hereby authorize Circadia by Dr. Pugliese, Inc. to process payment on my account. I also hereby authorize Circadia by Dr. Pugliese, Inc. to maintain this information on file. In the event that this method of payment is not appropriate, I will contact Circadia by Dr. Pugliese, Inc. and provide them with updated payment information.

Account Holders Signature: _____ Date: _____

Licensee Information

License Number: _____ Issuing State: _____

Date Issued: _____ Exp. Date: _____

All Circadia products are being only sold to licensed professionals in the skin care profession and the sale of the products by anyone not professionally licensed may create a risk for end users. If licensing information is unverifiable the account will not be approved until this information is confirmed.

Please complete a few questions to help us serve you better:

1. How did you hear about Circadia by Dr. Pugliese?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Email |
| <input type="checkbox"/> Trade Show | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |

2. Do you carry any other skin care lines? Yes No If yes, please name _____

3. How many estheticians do you employed? 1-2 3-5 6-9 10+

4. How many treatment rooms do you have? 1-2 3-5 6-9 10+

5. How many years have you been in business? _____

Thank you for your interest in Circadia by Dr. Pugliese! We value you as our customer and we look forward to long and prosperous relationship.

Please complete, sign, date, and return to the Corporate office:

Circadia by Dr. Pugliese
7139 Bernville Rd.
Bernville, PA 19506
1-800-630-4710
Fax: 484-218-8102
Email: info@circadia.com

Circadia by Dr. Pugliese, Inc., 7139 Bernville Rd. Bernville, PA 19506

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