



### Prima Account Application

Thank you so much for your interest in Pristine Beauty personal care products. Please take a moment to complete the information below and fax this form back to us at **1.919.573.0930**. Please fill this form out to be considered for a Pristine Beauty Prima Account.

#### Tell us about your business!

Business/Company Name \_\_\_\_\_

Name & Title (ie. Owner) \_\_\_\_\_

#### Address

Street \_\_\_\_\_ Suite# \_\_\_\_\_

City/State Zip \_\_\_\_\_

State Sales Tax ID# \_\_\_\_\_

Please describe your business: \_\_\_\_\_

\_\_\_\_\_

Do you have a website?URL? \_\_\_\_\_

What other brands do you currently stock for professional use and retail? What personal care products have you sold?

\_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

What is your timeframe and starting budget for your first Pristine Beauty order? \_\_\_\_\_

Please provide the following contact information and indicate which one is best to reach you.

Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email & Fax \_\_\_\_\_

When making your decision, what are the most important features in selecting a new cosmetic line?

\_\_\_\_\_

\_\_\_\_\_

#### Certification

I hereby certify that all statements on this application are true and accurate, and will be reviewed by Pristine Beauty, Inc. before my account is approved for purchasing products for a wholesale price.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

\*Please fax your completed form to: 919.573.0930