

**BUSINESS AND CUSTOMER MEMBERSHIP APPLICATION FORM**

A copy of your business license or three pieces of business ID are required to apply for membership

<input type="checkbox"/> Business Member <input type="checkbox"/> Customer Member	LAST NAME _____ FIRST NAME _____	Buying for Resale
	HOME ADDRESS _____	Yes      No
	CITY _____ PROVINCE _____ POSTAL CODE _____	Resale/Tax-Exempt
	CONTACT NUMBER _____	Authorized
	TYPE OF ID AND NUMBER _____	Yes      No
	DATE OF BIRTH _____	_____
		Cardholder's Initials

**BUSINESS INFORMATION (Please Print)**

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business License Number \_\_\_\_\_

Resale Permit/Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**IMPORTANT:**

Check here to have your name and e-mail address appear on Jem Beauty Supply's e-mail list and receive information about promotions, products and services from Jem Beauty Supply electronically have your name and address might be used by Jem Beauty Supply in order to send you this information.

**NOTE:** Completion of this form constitutes acceptance of Jem Beauty Supply Membership and Regulations and Customer Privacy Statement which are given to you prior to signing this form and which you acknowledge reading and understanding.

MEMBER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CHEQUE     
  CASH     
  DEBIT CARD     
  CREDIT CARD     
 AMOUNT: \$

BUSINESS DOCUMENT'S VERIFIED BY \_\_\_\_\_ APPLICATION AUTHORIZED BY \_\_\_\_\_