

## Account Information

DATE \_\_\_\_\_

NEW  ACCOUNT UPDATE

### CUSTOMER INFORMATION

Clinic or Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

### PLEASE CHECK TYPE OF BUSINESS

- Plastic Surgery  Dermatology  
 Facial Plastic Surgery  Ophthalmology  
 Dental  Other Medical \_\_\_\_\_

### PLEASE LIST NAMES AND POSITIONS OF YOUR SKIN CARE STAFF

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SERVICES OFFERED IN OFFICE

- Chemical Peels \_\_\_\_\_  Microdermabrasion \_\_\_\_\_  
 Lasers \_\_\_\_\_  Injectables \_\_\_\_\_  
 IPL/BBL \_\_\_\_\_  Other \_\_\_\_\_

### PLEASE LIST OTHER SKIN CARE PRODUCTS DISPENSED IN OFFICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL LOCATION (Please provide information on additional locations supplying skin care products)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

FOR OFFICE USE ONLY

Account Executive \_\_\_\_\_

Clinic Relations Associate \_\_\_\_\_