



Bellanina Facelift Massage New Practitioner Form

First Name: _____ Last Name _____

Business Address: _____

City: _____ State _____ Zip Code _____

Home Address: _____ City: _____

_____ State _____ Zip Code _____

Business Phone: _____ E-Mail: _____

Home Phone: _____ Website: _____

Student Type: Home Study Seminar Instructor Name: _____

Are you actively doing facelift massage? _____ How many times per week? _____

Check all that apply:

- Esthetician
- Massage Therapist
- Body Worker
- Nurse
- Other Explain: _____

Certifications (LMT, CMT, etc.):

How did you hear about us? _____

<p><input type="checkbox"/> Please list me on your website as a Bellanina Facelift Massage Practitioner. I understand you will only list my name, business address, phone number and e-mail address as I have supplied above.</p> <p><input type="checkbox"/> Please set up a wholesale account for me. I understand, for tax purposes, you will need one of the following:</p> <p>Social Security Number: _____ - _____ - _____ Tax Exempt # _____</p> <p><i>I understand it is my responsibility to pay for any use tax on my professional products used in my practice according to my state laws and collect sales tax for any products sold as retail.</i></p> <p>Signature: _____</p> <p><input type="checkbox"/> Please set-up a wholesale account online using this e-mail address:</p> <p>_____</p> <p><input type="checkbox"/> Please keep my credit card on file for easy ordering:</p> <p>C.C Type _____ C.C Number: _____</p> <p>Exp: _____ Signature: _____</p> <p><input type="checkbox"/> Please send me information on becoming a Bellanina seminar teacher.</p>
