



Beauty Products

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NEW ACCOUNT FORM

TYPE OR PRINT CLEARLY IN ALL CAPITAL LETTERS

Do you want your account filed under ___ Company or ___ Personal Name?

Company Name or Personal Name _____

First Name: _____ Middle Initial: _____ Last Name: _____

Please indicate if the shipping address is a ___ Business Address or a ___ Residential Address

Shipping Address: _____ Apt/Suite # _____

City: _____ State: _____ Country: _____ Zip: _____

Tel: [____] _____ - _____ Fax: [____] _____ - _____ Email: _____

Payment Method:

Money Order / Cashiers Check (C.O.D. add \$9.00) Sorry NO Personal Checks

Visa ___ Amex ___ Discover ___ Mastercard ___ Wire Transfer ___ [International Orders Only]

Credit Card # _____ Exp: ___/___/___

Vin Code / Security Code (last 3 numbers on back of card) _____

Signature Required _____ Date: ___/___/___

Credit Card Billing Address (if different from shipping):

Address: _____ Apt / Suite # _____

City: _____ State: _____ Country: _____ Zip: _____

ALL ORDERS require a minimum purchase of \$25.00 (not including shipping charges). For faster service on future orders, please have your Customer number ready along with item numbers and refer to current price list. If you do not have a customer number, one will be given to you upon completing this form. Pricelist / Order forms can be downloaded at our website at <http://www.kpmakeup.com> or we can Fax or Email one to you. Once your order and Information has been processed we will contact you to confirm your order before it is charged & shipped out. Please allow one business day to create your account & process your order.