

Customer Information Profile

*Cara-Mia Associates*

#117-7350 72<sup>nd</sup> Street

Delta, BC V4G 1H9

Phone: 604-946-2645 Fax 604-946-2685

**Must attach a copy of Business  
and Professional License.**

**AESTHETICIAN/ SPA/ PHYSICIAN & MEDICAL OFFICE INFORMATION**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

How long have you been at the above

Address? \_\_\_\_\_

Date business was established? \_\_\_\_\_

Aestheticians License # \_\_\_\_\_ PST # \_\_\_\_\_

**OWNERS INFORMATION**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Full names of employees authorized to place orders:

\_\_\_\_\_

\_\_\_\_\_

**CREDIT CARD INFORMATION**

I Authorize Car-Mia Associates to charge to the following:

Visa\_\_\_ Mastercard\_\_\_

Cardholder \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_