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 (916) 939-9888 - Toll Free (866) 999-2033 - (916) 933-9884 Fax
 www.IlluminareCosmetics.com

Artist Group Discount Application

DATE: _____

NEW

RENEWAL

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

- | | | | |
|----------------|--------------------------|------------------|--------------------------------|
| MAKE-UP ARTIST | <input type="checkbox"/> | AESTHETICIAN | <input type="checkbox"/> |
| ACTOR | <input type="checkbox"/> | STUDENT | <input type="checkbox"/> |
| MODEL | <input type="checkbox"/> | FREELANCE ARTIST | <input type="checkbox"/> |
| ENTERTAINER | <input type="checkbox"/> | AGENCY (specify) | <input type="checkbox"/> _____ |
| OTHER | <input type="checkbox"/> | _____ | |

PASSPORT, STATE ID or DRIVERS LICENSE# _____

EXP. DATE _____

PLEASE SUBMIT REQUIRED PROOF OF PROFESSION CONSISTENT WITH THE FOLLOWING CATEGORIES:

<p>PLEASE PROVIDE A FAXCIMILE OF A</p> <p><input type="checkbox"/> COMPOSITE CARD</p> <p><input type="checkbox"/> PORTFOLIO</p> <p><input type="checkbox"/> VALID UNION CARD</p>	<p>OR TWO OF THE FOLLOWING:</p> <p><input type="checkbox"/> BUSINESS CARD/LETTERHEAD WITH NAME & PROFESSION</p> <p><input type="checkbox"/> TEAR SHEET w/ NAME & CREDIT</p> <p><input type="checkbox"/> CALL SHEET w/ NAME</p> <p><input type="checkbox"/> VALID COSMETOLOGY or AESTHETICIAN LICENSE</p> <p><input type="checkbox"/> CURRENT LETTER OF REFERENCE ON BUSINESS/AGENCY/INSTITUTE LETTERHEAD</p> <p><input type="checkbox"/> DIPLOMA FROM MAKEUP SCHOOL</p>
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Fax to: **916-933-9884** or Email to: **SalesInfo@IlluminareCosmetics.com**