



Lueur De Luxe LLC

Be The Brand To Remember. Loving The Brand You Trust.

INDEPENDENT BEAUTY ADVISOR APPLICATION AND AGREEMENT

Instructions: 1. Please print clearly in dark ink and sign.

Beauty Advisor Application Information					
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Mr.	E-Mail	
First Name		Last Name		Middle Name	
Billing Address			Social Security Number / Business Identification Number		
City		Province		Postal Code	
Home Phone		Cell Phone		Business Phone	
				Fax	
<input type="checkbox"/> Check here if shipping address is same as billing		Shipping Address			
City		Province		Postal Code	
Advisors Name			Advisor ID		

Registration Information	
<input type="checkbox"/> Please register me as a Beauty Advisor and send the starter kit	\$99.00
Optional Starter Sets (refer to cover sheet for prices)	\$
(FLAT RATE) SHIPPING	\$9.95
SUBTOTAL	\$
TAX	\$
(Subtotal + Applicable GST/HST/OST/PST _____) ORDER TOTAL	\$

Payment Information			
<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder's Name		Phone	
Card No.	Expiration Date	CVC	
Authorization Signature			Date

1. I understand that I have the right to cancel my participation in this program at any time, with or without reason, by submitting a written Notice of Cancellation to, Lueur De Luxe, LLC.
 2. Your signature confirms your acceptance to the Lueur De Luxe LLC terms and conditions contained in the agreement.

 Applicant's Signature

 Date

Office Use:

Date Rec'd. ____/____/____ Lueur De Luxe ID: _____ Amt. Rec'd. \$ _____ Order Total \$ _____

Pd. By: Charge _____ Trans. No.: _____ Authorized By: _____

Send Original copy to Lueur De Luxe LLC - Make copy for advisor