

PRO CARD APPLICATION FORM

PLEASE FMAIL THIS COMPLETED FORM TO: SUPPORT@SHOPGLOW.CA OR FAX TO: 1.877.719.6823

ULL NAME:		
COMPLETE MAILING ADDRESS (CARD W	/ILL BE MAILED HERE):	
	EMAIL:	
77. 2. 2.12. 2.2.11. ITO		
	an, FACEatelier, Graftobian, nields and BeautySoClean. (, Temptu, Cinema Secrets, Cannot be combined with any existing
• .	n house brands: GLOW esse any existing promotional pr	entials, glowette & Wink lash supplies. ricing.
New Membership (valid	COST (please select your n d for 1 year) \$20 taxes includ products for GLOW Acader Annual renewal \$10 taxes i	ded my grads only)
ELIGIBILITY Applicants must present 2 p	pieces of Identification (<u>for t</u>	first time members only)
•	•	picture page) up/Salon Business Registration)
PAYMENT INFORMA	TION	
Credit Card Type: VISA		
	CVV (last three digits on back or on card):	of card):
	it card statements are maile	
Street Address:		Suite/Apt #:
City:	_ Province:	Postal Code:
ee I have indicated above. I also unde	erstand Membership fees are non- tifications and updates from time t	my credit card per the applicable membership refundable. Membership privileges are nonto time on new products, new store listings and
DATE DECEMENT	OFFICE USE ONLY	IT MADE.
DATE RECEIVED#: MEMBERSHIP#:		NT MADE: SSUE DATE:
	EVENDY	· · · · · · · · · · · · · · · · · · ·