

## PRO CARD APPLICATION FORM

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

FULL NAME: \_\_\_\_\_

COMPLETE MAILING ADDRESS (CARD WILL BE MAILED HERE): \_\_\_\_\_  
 \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PRO DISCOUNTS

20% OFF PRO Brands: Kryolan, FACEatelier, Graftobian, Temptu, Cinema Secrets, beautyblender, Shadow Shields and BeautySoClean. Cannot be combined with any existing promotional pricing.

40% OFF regular prices for in house brands: GLOW essentials, glowette & Wink lash supplies. Cannot be combined with any existing promotional pricing.

### PRO MEMBERSHIP COST (please select your membership type)

- New Membership (valid for 1 year) \$20 taxes included  
 (redeemable towards products for GLOW Academy grads only)
- Existing PRO member - Annual renewal \$10 taxes included

### ELIGIBILITY

Applicants must present 2 pieces of Identification (for first time members only)

- 1 - Photo ID (Drivers License, Health Card or Passport picture page)
- 2 - Industry Proof (Makeup Artistry Certification, Makeup/Salon Business Registration)
- 3 - GLOW Academy Student ID card (if applicable)

### PAYMENT INFORMATION

Credit Card Type:  VISA  Mastercard

Credit Card Number: | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ | \_ \_ \_ \_ |

Expiry Date: | \_ \_ | \_ \_ | CVV (last three digits on back of card): | \_ \_ \_ |

Cardholder Name (as shown on card): \_\_\_\_\_

Billing address (where credit card statements are mailed too)

Street Address: \_\_\_\_\_ Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I, \_\_\_\_\_ hereby Authorize GLOW Academy, to charge my credit card per the applicable membership fee I have indicated above. I also understand Membership fees are non-refundable. Membership privileges are non-transferable. Members may receive notifications and updates from time to time on new products, new store listings and other related membership news.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY

DATE RECEIVED#: _____ MEMBERSHIP#: _____ STATUS: _____	PAYMENT MADE: _____ CARD ISSUE DATE: _____ EXPIRY: _____
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