

Date: _____

Indicate Class or Show Location _____

John Amico
PROFESSIONAL HAIRCARE

INDEPENDENT PROFESSIONAL REPRESENTATIVE APPLICATION AND AGREEMENT

4731 W. 136TH ST., CRESTWOOD, IL 60445 • 800.676.5264 • FAX 708.824.0413 • www.johnamico.com

(Please print clearly)

APPLICANT INFORMATION: (Complete Name and/or Business Name)

Check One: Salon Owner Booth Renter Stylist Other _____

NAME (First, Initial, Last) - (Please print clearly) _____

SALON NAME _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CURRENT PROFESSIONAL LICENSE NUMBER _____

STATE _____

BUSINESS PHONE # - INCLUDE AREA CODE _____

CELL PHONE # - INCLUDE AREA CODE _____

PREFERRED NUMBER TO CALL
 BUSINESS CELL

CELL PHONE CARRIER _____

DISCOVERY KIT

Check One:

Received Kit PAID Yes No

Send Kit

BIOVTASHINE COLOR KIT

Check One:

Received Kit PAID Yes No

Send Kit

Received Scale Yes No

DIVERSION FREE DIRECT TO SALON

EDUCATOR INFORMATION

JACKIE DONOVAN _____

EDUCATOR NAME (First, Initial, Last)

W01009198 _____

MEMBER ID#

713-523-3500 _____

PHONE # - INCLUDE AREA CODE

EDUCATOR NOTES: _____

PAYMENT/SHIPPING INFORMATION

Cash Check Mastercard Visa Discover American Express Exp. Date _____

Credit Card Number _____ CVV Code _____

Cardholder's Name (first, initial, last) _____

Check One: Referral - Professional Discovery Class Chapter Class PAT Internet Beauty Show Other _____

YES! I'd love to become a member of John Amico - the oldest family-owned professional haircare company. Salon Trusted Since 1962.

I have received, read and understand Amico Educational Concepts Inc. (AEC's) Compensation Plan and Procedures, which are incorporated herein and in the John Amico Manual and made part of this agreement. I acknowledge that I have NO unanswered questions concerning same. I will conduct my membership in accordance with the AEC Compensation Plan and Policies and Procedures, and as they may be amended from time to time. I understand and acknowledge that no person has been authorized to give any information or to make any representation not contained herein or in any AEC literature and, if given or made, such information or representation must not be relied upon as having been authorized by AEC. I further acknowledge that ALL information completed on this application is factual and accurate. This agreement may be cancelled by me at any time. As a John Amico Lifetime Member, I reserve the right to cancel my membership at any time without further obligation.

YOUR SIGNATURE _____

DATE _____