

### COMPANY INFORMATION

Company Name: \_\_\_\_\_  
\_\_\_\_\_

Brand Name: \_\_\_\_\_  
(if different than Company Name)

Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

AMP Sales Rep: \_\_\_\_\_

### BILLING INFORMATION

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Name

Street Address

City

State

Zip Code

Last 4 Digits of Card: \_\_\_\_\_

Email for Invoices: \_\_\_\_\_

### SHIPPING INFORMATION

Primary Ship To Address:

\_\_\_\_\_  
Company Name or Contact Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite, Unit, Apartment, Building, etc.

\_\_\_\_\_  
City State Zip Code

Email for  
Tracking Number: \_\_\_\_\_

2nd Location/Office Address:

\_\_\_\_\_  
Company Name or Contact Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Suite, Unit, Apartment, Building, etc.

\_\_\_\_\_  
City State Zip Code

Email for  
Tracking Number: \_\_\_\_\_

### OTHER CUSTOMER INFORMATION

Type of Company: \_\_\_\_\_

Has a Medical Director: Yes / No

New to Private Label: Yes / No

Sells Products: Yes / No

Services/Treatments Offered:

- Microneedling  Dermaplaning  Laser  
 Microdermabrasion  Neuromodulators & Fillers  
 Chemical Peels  Facials & Body Massage  
 Waxing  Other: \_\_\_\_\_

How did you hear about AMP?

- AMP Sales Rep  Online/Website  Social Media  
 Magazine Ad  Trade Show  Other  
 Referred By: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_