



New Account Request Form

licensed cosmetologists and barbers only

Please print this form, complete it and fax it along with a copy of your cosmetology license to 704-938-2237. A ThermaFuse representative will call you at the business number you provide to give you your username and password to access the ThermaFuse e-commerce website.

Thank you for your interest in ThermaFuse. We look forward to doing business with you. Please feel free to call us at 800-331-4247 if you have any questions.

Cosmetology License #: _____

Issuing State: _____ Expiration Date: _____

Name: _____

Title/Position: _____

Salon Name: _____

Billing Address: _____

Shipping Address: _____

Business Telephone: _____

Alternate Telephone: _____

Fax: _____

E-mail: _____

You will automatically receive emails notifying you of new offers and specials. Please check this box if you would NOT like to receive these emails.

Salon Website: _____

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