

Purist Pro Application

Name		DOB				
Last	First	Middle		Month	Date	Year
Address						
Address	Street	Apt	City	State/Prov	ince	Zip/Postal Code
Contact Infomation	DI.		- ·			NAC 1
	Phone		Email			Website
Select all that apply						
	A licensed Esthetician (US only)	A working M	Nakaun Ariet	Student		
	t incensed Estriction (03 only)		iakeup Anst	Student		
Professional License Expiration Date _				Graduation Date		7
Cosmotologists & Esthetician	•					
1. A copy of your State Driver's License	e or Federal ID					
2. Professional License						
3. Business Card						
Makeup Artist please submit:						
1. A copy of your State Driver's License						
2. Professional License or Union card						
3. Business Card and/or Website Addr	ess to Portfolio					
4. Editorial Page with Name Credit or 0						
Professional Students please	submit:					
1. A copy of your State Driver's License	e or Federal ID					
2. Proof of Enrollment						
3. Letter of Reference from Teacher						
Select all that apply						
I have read and agree to the infor	rmation and terms & conditions	on the Pro Purist p	age: www.100	percentpure.com/p	uristpro	
Please include me on emails so I	can stay up-to-date on the world	d of 100% PURE.				
☐ I have created a 100% PURE acco	ount on the website.					
How did you hear about us						
Current Customer	School Retail Loc	ation	Pro event/Exp	00		
All paperwork required can b	ne sent via:					
Email:		lail:				
			rict Pro Proces	m		
pro@puritycosmetics.com		urity Cosmetics Pul				
	2.	221 Oakland Road	ı, Cantornia, 93	J J		