



2034 E. 49th Street
Los Angeles, CA 90058
Fax: (323) 589-0283

Existing Accounts – Login Password Request

(All fields must be completed)

The user name and password will be email
to your email account as completed below.

Account/Distributor/ Representative Name	
Account Number	
Address	
City	
State	
Zip Code	
Telephone	
Email Address	

By faxing this form to Jordana Cosmetics Corporation, I am stating that I am an existing account, distributor, or representative of the Jordana Cosmetics Corporation and am requesting that my account be assigned a user name and password to enable access to the online Authorized Account pages within JordanaCosmetics.com.

Signature_____ Date_____