

APPLICATION FOR C.O.D ACCOUNT

NOTE: HIGHLIGHTED OR ** FIELDS MUST BE FILLED OUT OR YOUR APPLICATION WILL NOT BE PROCESSED

PLEASE PRINT CLEARLY

CREDIT APPLICATION

****Applicant Name:** _____

****Please Check One:**

Salon Owner	<input type="checkbox"/>
Salon Employee	<input type="checkbox"/>
Chair Renter	<input type="checkbox"/>

SALON BILLING AND SHIPPING INFORMATION

****Salon Name:** _____

****Salon Phone No.:** _____

****Billing Address:** _____

****City/Province:** _____

****Postal Code:** _____

****Shipping Address:** _____

(BOX NUMBERS CANNOT BE SHIPPED TO – STREET ADDRESS ONLY)

****City/Province:** _____

****Postal Code:** _____

PST Exemption No.: _____

APPLICANT INFORMATION

****Stylist/Esthetics**

License No.: _____

****Home Address:** _____

****Home Phone No.:** _____

****City/Province:** _____

****Postal Code:** _____

E-Mail Address: _____

Would you like your credit card charged for every order? If
Yes please fill out your credit card details:

What kind of card: Visa or MasterCard

Card # _____

Expiry Date: ___ / ___ / ___

Name On Credit Card _____

Signature _____