

CREDIT & PAYMENT POLICIES

The credit policies of Salon Centre are as follows:

- All opening orders for new salons and/or new orders will be C.O.D.
- A credit application needs to be completed in **full** or will not be processed.
- The credit application will be checked for a credit rating and will require approval before an account is established.
- If for any reason an unfavorable credit rating is given by any references or by Trans Union of Canada a C.O.D. only account will be established at your request.
- NSF CHEQUES – There will be a \$25.00 service charge on any NSF cheques
 - If 2 NSF cheques are received all subsequent orders will be CASH or CERTIFIED CHEQUE ONLY
- Our terms are Net 30 days OF INVOICE
 - There is a 2% per month or 24% per annum charge for any overdue accounts
- Any accounts that are 60 days overdue will not be shipped product without payment to bring the account to a current balance
- Payment can be made by cheque, cash, Visa, MasterCard, Interact, or Online
- We also have a worry free automatic end of month credit card program for your convenience
 - For clients on the end of the month credit card program, purchases will automatically be charged to your credit card the same month they are invoiced



APPLICATION FOR 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

Salon Employee

Chair Renter

SALON BILLING AND SHIPPING INFORMATION

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

Proprietorship or Limited Company: _____

****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:** _____

City/Province: _____

Postal Code: _____

E-mail Address: _____

****Date of Birth:** _____ **SIN No.:** _____

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

FINANCIAL INFORMATION

****Credit Limit Requested:** _____

****Are you interested in joining our end of month credit card program?** Yes
No

Please read credit payment policies – If you answered yes to the above, you must also fill out and sign an application to pay account by Credit Card form

****Have you previously dealt with us?** _____

****If yes, under what name?** _____

Have you ever filed for Bankruptcy? _____

If yes, what year: _____

Bank Address: _____

City/Province/Postal Code: _____

Trade Reference #1: _____

Trade Reference #2: _____ Phone No.: _____

- A 25% restocking fee will be charged for products returned with price stickers or glue residue still on them or if the product is more than 3 months old.

I certify that the information on this application is accurate and correct. I agree to pay all invoices within 30 days and I understand that 2% interest per month will be charged on all overdue invoices.

You may obtain credit information about me from my employer, any credit bureau, and the trade references provided by me in this application. I understand that Salon Centre may disclose, automatically or upon request, credit information about me to credit bureaus and to persons with whom I have a purpose to have financial dealings, or if Salon Centre employees believe disclosure is required by law.

I, the undersigned, hereby agree to be personally liable for the account opened in response to this application.

****Signature:** _____ ****Date:** _____

FOR OFFICE USE ONLY	
Date:	_____
Account #:	_____
Territory:	_____
Approved:	_____



CREDIT CARD APPROVAL FORM

INFORMATION

Date: _____	SC Ref No: _____
Customer _____	Invoice No: _____
Address: _____	_____
_____	_____
_____	_____
City: _____	Telephone: _____
Postal Code: _____	Fax: _____

CREDIT CARD INFORMATION

****ALL FIELDS MUST BE COMPLETED****

Credit Card Number: _____

Security Code Number (found on back): _____

Expiry Date: _____

Card Holder Name: _____

Card Holder Statement Address (if different from above):

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone No: _____

I authorize Salon Centre to process the charges as listed

X

Signature authorizing Salon Centre to charge your credit card. CARD HOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.