

Salon Centre Application TO BE COMPLETED FOR ALL ACCOUNTS.

Account #: _____

Account to be opened as: _____

Applicants Name: _____

Salon Name: _____

Please Check one:

Billing Address: _____

City/Prov: _____

Postal Code: _____

Salon Phone Number: _____

Salon Fax Number: _____

Home or Cell Number: _____

Email Address: _____

(Providing your email address allows us to provide you with receipt for payment or to contact in regards to information and events associated with Salon Centre. You can unsubscribe from any Marketing at anytime with no impact on your account.)

Trade Licence No: _____ Stylist Esthetician
(copy of trade licence/certificate **MUST** accompany application or application will not be processed)

PST Exemption No: _____
(ex. 123456-7)

Do you have a Sales Person? If yes, please include their name: _____

Shipping Address: _____
(if different than above)

City/Prov: _____

Postal Code: _____

****Please note we cannot ship to Box Numbers - Street addresses only****

I certify that the information on this application is accurate and correct.

I, the undersigned, hereby agree to be personally liable for the account opened in response to this application. Further, I agree to be bound by the Credit Terms & Payment Policies as outlined below.

Signature: _____

Date: _____

Credit Terms & Payment Policies

- It is the Applicant's responsibility to inform Salon Centre of any shipping address changes. In the event of a shipping error due to failure to inform Salon Centre of an address change, the Applicant will be responsible for any additional shipping fees.
- **Products returned that were purchased more than 3 months prior or that are not in clean, resellable condition will be subject to a 25% restocking charge.**

***** The Applicant agrees that every order placed by the Applicant with Salon Centre ONLINE will be credited to the credit card Salon Centre has on file without prior consultation to the Applicant.****

Visa

Master Card

Initials of Applicant: _____

Card# ____ / ____ / ____ / ____ Expiry Date: ____ / ____ CCV# ____

Name on Credit Card _____

Signature _____

***Signature authorizing Salon Centre to charge your credit card.**

CARD HOLDER WILL PAY TOTAL AMOUNT CHARGED TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.