

National Salon Resources Fax 800.577.2512 Credit Application

Store, Consultant or Inside Sales Number _____ Date ____/____/____ Credit Limit Desired _____

Salon Information

Salon Name _____
 Years of business at current address _____ Acct # if applicable _____

Billing Address _____
 City _____ State _____ Zip _____

Business Telephone # () _____

Shipping Address (If different from above) _____
 City _____ State _____ Zip _____

Telephone # () _____

Mailing Address (If different from above) _____
 City _____ State _____ Zip _____

Please complete in full, sign, date & return to:
National Salon Resources ATTN: Credit Manager
 3109 Louisiana Ave. N., Minneapolis, MN 55427
 or Call 1.800.622.0003 if you have any questions

Ownership: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation	Salon Type: <input type="radio"/> Salon Owner with _____ stations <input type="radio"/> Individual Stylist <input type="radio"/> Beauty School
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For Salons: # of Stylists _____ # Commission _____ # Rental _____	Services-Check all that apply: <input type="radio"/> Cut <input type="radio"/> Perm <input type="radio"/> Skin <input type="radio"/> Color <input type="radio"/> Nails <input type="radio"/> Hair Removal Do you sell retail? <input type="radio"/> YES <input type="radio"/> NO
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Owner Information

Applicant's Name _____ Social Security # _____ Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip _____
 Residence Phone # () _____ How long have you been at this address? _____

Co- Applicant's Name _____ Social Security # _____ Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip _____
 Residence Phone # () _____ How long have you been at this address? _____

*Please attach a list of additional owner(s) if applicable.

National Salon Resources Credit Policy: All orders are **COD** until this application is approved. I/We certify the information on this form is true & correct. Payment in full is due each month within 10 days of receipt of statement. I/We agree to pay the amount due shown on my/our monthly statement plus finance charges - currently at the rate of 1.66% per month (20% per annum). National Salon Resources reserves the right to adjust the interest rate as necessary to reflect allowable rates permitted by state statutes. **All accounts 30 days past due will be subject to temporary COD shipments.** National Salon Resources reserves the right to ship accounts 60 days past due & over on a permanent COD basis. I/We agree to pay costs of collecting amounts due, including attorney fees, legal expenses & court costs. If the credit applicant is a corporation, the undersigned jointly, severally & individually guarantee payment to National Salon Resources of all credit granted in connection with this application.

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history, which will include but it not limited to: a credit check with any/all credit bureaus National Salon Resources currently subscribes to.

Cosmetology/Barber License # _____

Resale tax number: Resale Exemption Certificate must be completed & on file with National Salon Resources. Tax number will not be processed without it. Contact us at 1.800.622.0003 if you require this form. Sales Tax Permit No. _____

APPLICANT'S SIGNATURE(S) ATTEST FINANCIAL RESPONSIBILITY, ABILITY & WILLINGNESS TO PAY NATIONAL SALON RESOURCES INVOICES IN ACCORDANCE WITH THE TERMS ABOVE.

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

For office use only Processed by _____ Approval date _____ Approved credit limit _____ Account number _____



YOUR SUCCESS IS OUR SUCCESS
 Revised 4/07