

National Salon Resources New Customer

Date ____/____/____

Customer Name _____ Position _____

Salon Name _____

Email address _____

Salon Address _____

City _____ State _____ Zip _____

Work Phone # () _____ Cell Phone # () _____

Tax ID Form OR photo or copy of Certificate must be attached License # _____ State of Issue _____

- S = Salon Suites (purchase own BB & Retail)
- O = Owner of any salon (commission or a salon suite-the entire building)
- I = Independent Renter (rents a chair but does not purchase retail)
- P = Licensed Professional (working in a commission salon or personal use)

PAYMENT METHOD

- Credit Card (we will contact you at time of sale)
- COD (+ \$10.00 COD Fee)
- Net 30

- Salon owners only
- Pending credit approval