



7400 Pacific Circle Mississauga, ON L5T 2A4
(905) 564-0470 (800) 465-7965 Fax # (905) 564-0408

ACCOUNT APPLICATION

This form must be completed in FULL before a VENUS customer number is issued. All information herein is held in strictest confidence and will not be shared with any parties outside VENUS Beauty Supplies Ltd., other than to acquire credit information. In the event that an order placed by the customer is undeliverable, contact information may be referenced. All Prepaid orders are paid with the Visa, MasterCard or Amex on file at the time of invoicing.

Business Category*: (check all that apply):

- | | | | | |
|--|--|---|---|---------------------------------|
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Chain Account | <input type="checkbox"/> Hair Salon | <input type="checkbox"/> Independent Operator | <input type="checkbox"/> School |
| <input type="checkbox"/> Beauty Supplier | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Hair Salon - Spa | <input type="checkbox"/> Nail Salon | <input type="checkbox"/> Spa |

Payment Terms*:

- Prepaid (Credit Card) COD (In-StoreOnly)

* All prepaid accounts must fill out the VENUS Credit Card Authorization Agreement form

Business Hours*:

- Closed Mondays Closed other days: _____

Account Information - * Indicates required field

Account Name*: _____

Legal or Trade Name: _____
(If different from account name)

Billing Address*: _____

City*: _____ Province*: _____ Postal Code*: _____

Telephone #: () _____ Fax #: () _____

Email Address*: _____ Website: _____

Email Address for billing purposes (If different from above): _____

Shipping Address: _____
(If different from billing address)

City: _____ Province: _____ Postal Code: _____

Telephone #: () _____ Fax #: () _____

Owner Contact Information

Name (First, Last)*: _____ Home #*: () _____

Home Address: _____ Cell #: () _____

City: _____ Province: _____ Postal Code: _____

Email Address*: _____

Partner Contact Information (if applicable)

Name (First, Last): _____ Home #: () _____

Home Address: _____ Cell #: () _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Additional Account Contact Information

Name (First, Last)*: _____ Contact #*: () _____

Email Address*: _____

Owner Manager Accountant Other _____

Name (First, Last): _____ Contact #: () _____

Email Address: _____

Owner Manager Accountant Other _____

References (Other Suppliers)

- 1) _____ 2) _____
- 3) _____ 4) _____

Terms & Conditions

This is an Application and Agreement for credit and shall apply to any and all credit extended upon approval by VENUS Beauty Supplies Ltd. The applicant understands and agrees to the following terms of sale:

- 1) Terms of sale (if approved) are Net 30 days.
- 2) All claims against invoices must be received within **2 days** of receipt of goods.
- 3) All shipped and invoiced goods remain the property of Venus Beauty Supplies Ltd. until fully paid for.
- 4) Accounts not paid by the due date are subject to an interest charge from date of maturity at the rate of 2% per month (24 % per annum) as shown on invoices.
- 5) NSF cheques will be subject to a \$ 25.00 charge. (After 2nd NSF, Applicant will be on CASH ONLY terms and account will be on hold until payment clears.)
- 6) Failure to comply with these Terms & Conditions may result in cancellation of credit privileges without notice.
- 7) Applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to, collection agency, legal fees and court costs.
- 8) It is agreed that the principal owner/shareholder is personally responsible for any invoices that are outstanding.
- 9) The information given in this Application and Agreement is warranted to be true, complete, correct and given for the purpose of obtaining credit.
- 10) The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations
- 11) All past due accounts must pay account balances and all interest charges in full. Account will be put on hold after 60 days until payment is received.

Name*: _____

Signature*: _____

Please remit completed form to:

VENUS Beauty Supplies Ltd.
accounts@venusbeauty.com
FAX: (905) 564-0408

FOR OFFICE USE ONLY

Customer Number: _____ Business Consultant: _____