



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):

- | | | | | |
|-----------------|---------------|------------------|----------------------|--------|
| Barber Shop | Chain Account | Hair Salon | Independent Operator | School |
| Beauty Supplier | Esthetician | Hair Salon - Spa | Nail Salon | 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)

Beauty Professional License

License #: or Cosmetology Student ID:

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*

>>>This field will not be fillable unless you have ADOBE Reader on your computer (free download). Otherwise, you will need to print a copy of this application and add your signature manually.

Please remit completed form to:

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

FOR OFFICE USE ONLY:

Customer #: Business Consultant: