

**Alternative Beauty Services Ltd.**  
**6315 KESTREL ROAD, MISSISSAUGA, ONTARIO L5T 1Z4**  
**Beauty Salon Credit Application Form**

1. Full Name of Applicant \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
How Long \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Drivers License \_\_\_\_\_  
Name & Address of Landlord \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Salon Name \_\_\_\_\_  
Business Registration Number \_\_\_\_\_  
Proprietorship  Partnership  Limited Company  Years in Business \_\_\_\_\_  
Salon Address \_\_\_\_\_ Unit #: \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Salon Owned  Chair Rent  Esthetician   
Hairdressers License \_\_\_\_\_ Expires \_\_\_\_\_ PST Exemption # \_\_\_\_\_  
Name & Address of Landlord \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**\*If salon is a partnership, each partner must fill in one Credit Application Form**

**★Credit References**

3. Have you, your spouse or your partner ever had an account with us? No  Yes   
If yes, when?

Do you have an account with another Beauty Supply Distributor? No  Yes

**Two (2) Distributor references required otherwise account will be Visa or MasterCard.  
If you would like to pay by Visa or MasterCard, please complete enclosed  
Authorization form.**

Name: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Bank \_\_\_\_\_ Savings Account No. \_\_\_\_\_  
Branch Address \_\_\_\_\_ Current Account No. \_\_\_\_\_  
Bank Contact \_\_\_\_\_ Visa No. \_\_\_\_\_ Expires \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ MasterCard \_\_\_\_\_ Expires \_\_\_\_\_

**★Personal References**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone# ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**Alternative Beauty Services Ltd.**  
**6315 Kestrel Road, Mississauga Ontario L5T 1Z4**

4. Accountant's Name \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Previous Employer's Name \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_
5. Approximate Amount of Credit Required Per Month \$ \_\_\_\_\_  
Authorized Buyer \_\_\_\_\_ Position \_\_\_\_\_

**6. The undersigned certifies the information to be true and agrees to pay all accounts upon**

**receipt unless otherwise expressly agreed.**

The undersigned hereby consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit facility hereby applied for or any renewal or extension thereof. For such credit facility, we will exchange information and reports about you with credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to validate your identity, review and verify your creditworthiness, establish credit and hold limits, help us collect a debt or enforce an obligation owed to us by you, and/or manage and assess our risks. The undersigned covenants as principal debtor to guarantee and to personally pay and to discharge all liabilities to Alternative Beauty Services Ltd. incurred under such trade name or by the entity referred to in this application as fully and effectually as if he or she had incurred such liability in his or her personal capacity. The undersigned agrees that a fee will apply to NSF cheques and to pay interest on past balances at the rate of 2% per month/26.824% per annum. The undersigned has read the conditions of sale and agrees to all terms contained herein.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**For Office Use Only**

Credit check completed by \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

Credit approved in the amount of \_\_\_\_\_

approved by \_\_\_\_\_

Date \_\_\_\_\_