



7400 Pacific Circle Mississauga, ON L5T 2A4  
1-800-465-7965 (905) 564-0470 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.

<input type="checkbox"/> Professional Beauty Entity	<input type="checkbox"/> Open Mondays	<input type="checkbox"/> Closed Mondays
<input type="checkbox"/> Independent Beauty Professional (IBP)		<input type="checkbox"/> Closed other days
(Please specify) _____		

Please check box for the credit terms you would like to apply for. **NET 30 Terms will only be granted after credit approval.**

<input type="checkbox"/> Net 30	<input type="checkbox"/> COD	<input type="checkbox"/> Prepaid
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\*\*\*All Prepaid accounts must fill in the VENUS Credit Card Authorization Agreement form attached

**\*\*\*\* Account Information - All areas must be filled in completely \*\*\*\***

Name of Entity or IBP \_\_\_\_\_

Legal or Trade Name \_\_\_\_\_  
(If different from salon)

### Billing Address

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

### Shipping Address

(if different from Billing address)

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

GST/HST Registration # \_\_\_\_\_ Alternate Contact # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

### Owner/IBP Contact Information

1. Name (First, Last) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Name (First, Last) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

**Account Contact Information**

1. Full Name \_\_\_\_\_ Contact # ( ) \_\_\_\_\_

Manager  Account/Bookkeeper  Owner

2. Full Name \_\_\_\_\_ Contact # ( ) \_\_\_\_\_

Manager  Account/Bookkeeper  Owner

**References (Other Suppliers)**

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 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.

Owner/IBP Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Owner/IBP Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Customer # \_\_\_\_\_ Business Consultant \_\_\_\_\_

PLEASE FORWARD ORIGINAL COPY OF APPLICATION TO:

**VENUS BEAUTY SUPPLIES LTD.**  
**7400 PACIFIC CIRCLE**  
**MISSISSAUGA, ON L5T 2A4**  
**ATTENTION: ACCOUNTS RECEIVABLE**