



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
Beauty License: _____		(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
---------------------------------	------------------------------	----------------------------------

***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**