

# SALON CENTRE

## Credit Application

220 Omands Creek Boulevard, Winnipeg, MB, R2R 1V7 | 204-786-0001 | Toll Free: 1-800-455-6426

Account #: \_\_\_\_\_

### APPLICANT DETAILS

Applicants Name:	
Account to be opened as:	
Salon Name:	

Check one: ☐ Independent Contractor ☐ Salon Employee ☐ Chair Renter ☐ Salon Owner

### BILLING/MAILING INFORMATION

Billing/Mailing Address:			
City & Province:		Postal Code:	
Salon Phone Number:		Fax Number:	
Cell/Home:			
Email:			

(Information provided above will be used for receipts, communication and to gain access to our online store)

### SHIPPING INFORMATION (IF DIFFERENT FROM BILLING)

Shipping Address:			
City & Province:		Postal Code:	

**\*\*Please note we cannot ship to Box Numbers - Street addresses only\*\***

### LICENCE INFORMATION

Trade Licence No.:		Select all that apply: <input type="checkbox"/> Stylist <input type="checkbox"/> Esthetician
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(A copy of your trade licence/certificates MUST accompany application or application will not be processed)

PST Exemption No.:	(ex. 123436-7)
Sales Rep Name (if any):	

### TERMS & CONDITIONS

I certify that the information on this application is accurate and correct.

I, the undersigned, hereby agree to be personally liable for the account opened in response to this application. Further, I agree to be bound by the Credit Terms & Payment Policies as outlined below.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- It is the Applicants responsibility to inform Salon Centre of any shipping address changes. In the event of a shipping error due to failure to inform Salon Centre of an address change, the Applicant will be responsible for any additional shipping fees.
- Products returned that were purchased more than 3 months prior or that are not in clean, resellable condition will be subject to a minimum 25% restocking charge.

### CREDIT CARD AUTHORIZATION

By signing below, the Applicant agrees that all orders placed with Salon Centre will be charged to the credit card on file without prior consultation.

Cardholder Name: \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ Amex

Card Number: \_\_\_\_\_

Expiry (MM/YY): \_\_\_\_\_ CVC: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature: \_\_\_\_\_

(CARD HOLDER WILL PAY TOTAL AMOUNT CHARGED TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER)

We accept e Transfers! Send payments to [payments@saloncentre.ca](mailto:payments@saloncentre.ca). Include your Salon Name and Account Number in the Message Box!