

**EMILIANI ENTERPRISES, INC.**

600 Green Lane ♦ Union, New Jersey 07083 ♦ 908-964-6340 ♦ FAX: 908-558-9234

*Dedicated to the Professional Beauty Industry*

**ACCOUNT APPLICATION**

<b>Date</b>		<b>Salon Type</b>		<b>Terms Requested</b> <small>3 (check only one)</small>	
<b>Section A</b> (All information required for all accounts)				<input type="checkbox"/>	COD Cash \$
Name of Business				<input type="checkbox"/>	Credit Card * \$
Business Address				<b>Requires Section B:</b>	
City				<input type="checkbox"/>	COD Check \$
State		Zip			
Business Phone		Fax		<b>Sales Consultant</b>	
Business Fed ID No.		Years in Business		No.	Name
Contact Person				<b>Business Type</b> <small>3 (check only one)</small>	
If a corporation, LLC or LLP	State of registration			1	Partnership
	Date of registration			2	Proprietorship
Stockholder, Partner or Business Owner Names	NAMES		PHONE	3	Corporation
	(A)			4	LLC, LLP
	(B)			5	Other
(C)					
REQUIRED PERSONAL GUARANTY OF STOCKHOLDER, PARTNER OR BUSINESS OWNER FOR BUSINESS TYPE 3, 4 OR 5 <i>With Terms COD Check</i> In consideration for the credit extended to the applicant, including the acceptance of checks for COD delivery, the undersigned, individually and severally, hereby guarantees to be personally liable for all the indebtedness incurred by the above named business. The undersigned further agrees to pay the 25% collection charges that may be incurred in the event of default or if the account is placed in with an attorney or collection agency. (A)					
(B)	Print Name		Signature	Phone Number	
(C)	Print Name		Signature	Phone Number	
	Print Name		Signature	Phone Number	
<b>Section B</b> (All information is required for COD Check)					
Stockholder, Partner or Business Owner	ADDRESS		CITY/TOWN	STATE	ZIP
	(A)				
	(B)				
(C)					
I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with Company credit terms existing presently or in the future. I/We authorize the Company to verify this information and/or obtain additional information by securing data from a credit reporting agency as determined solely by the Company. I/We further agree to pay the 1 ½% per month service charge imposed upon all accounts past due by thirty (30) days or more. (A)					
(B)	Signature		Date of Birth	Social Security No.	
(C)	Signature		Date of Birth	Social Security No.	
	Signature		Date of Birth	Social Security No.	

**CREDIT CARD AUTHORIZATION**

I hereby authorize Emiliani Enterprises, Inc. to charge my credit card shown below the full amount of any invoices from Emiliani to \_\_\_\_\_(name of salon) from this day until such time as I revoke this authorization by written notice to Emiliani.

Credit Card Number			
Expiration	Type of Card: MC VISA AMEX Discover		
Name on Card			
Signature		Date	
Address			
Town		Zip	
Emiliani Account Number		Telephone #	

CODES FOR SALONS:

A+S	A+ Salon	PRI	Private Schools
ASL	A Salon	SAL	Independent Salon
BAS	Barber Shop	SER	Booth Renters within a Salon
LAT	Latino	SMC	Small Chain Salon
LGC	Large Chain Salon	SPA	Spa Accounts
NLS	Nail Salon	SUP	Supply Salon
NON	Non Salon	VOC	Vocational Schools

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Received: \_\_\_\_\_