



CREDIT APPLICATION

OWNER (If Company, Sign Directors G'Tee below) SALON

Name (Owner).....	Name.....
Home Address.....	Address.....
.....
Home Phone No.....	Business Phone.....
Mobile.....	Email.....
	Date Opened/Taken over.....
Manager.....	(If existing Salon)
Business References (please include tel number):	Name of Previous Owner.....
A).....	Address.....
B).....	

The information stated above is true and correct, and I am over the age of twenty one (21) years.

Signature of Applicant..... Date.....

DIRECTORS GUARANTEE

We the undersigned directors of(COMPANY NAME)
hereby personally guarantee WA HAIR & BEAUTY for any debts incurred by

.....

(NAME OF SALON)

Which have not been paid within the credit terms allowed, namely Net 30 days.

Full Name.....	Full Name.....
Private Address.....	Private Address.....
.....
Signature.....	Signature.....
Date.....	Date.....

This section to be completed by Guarantor if applicant is under twenty one (21) years of age.

I (Full Name).....
of.....

hereby guarantee to pay WA HAIR & BEAUTY the amount of any accounts incurred by the above applicant which have not been paid within the credit terms allowed, namely Net 30 days.

Signature..... Date.....