

MODERN BEAUTY

Please Select Salon Owner Chair Renter Main Chair Renter Show Spa Owner School

I Have a Modern Account/Client Card _____

Account Type Pre-Approved Credit Card INTERAC e-Transfer
MUST INCLUDE PRE-AUTHORIZATION FORM

APPLICATION INFORMATION

PLEASE PRINT NEATLY

Legal First Name _____ Legal Last Name _____

Salon Name _____

Mailing Address/PO Box _____ City _____ Province _____ Postal Code _____

Shipping Address _____ City _____ Province _____ Postal Code _____

(IF NOT THE SAME AS MAILING)

Business # (_____) _____ - _____ Cell # (_____) _____ - _____ Residential # (_____) _____ - _____

GST # _____ PST # _____ - _____

Professional License # _____ Business License # _____

Credit Card (Please Select) Visa Mastercard Card # _____ EXP _____ / _____
MONTH YEAR

Email Address _____

Business Card Attached

AUTHORIZED ACCOUNT USERS

OPTIONAL

Users are hereby authorized to make account changes, purchases, pick up, make payments, etc. on behalf of the primary applicant's account.

1. First Name _____ Last Name _____ Phone # (_____) _____ - _____

2. First Name _____ Last Name _____ Phone # (_____) _____ - _____

ACCOUNT CONFIRMATION

In order for application to be processed, applicant signature MUST be provided.

Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

If This Account Is Not Used Within A Year The Account Will Be Closed Signature of acknowledgment _____

OFFICE USE ONLY

Mailing address and email address confirmed

Territory # _____ Business Advisor Name _____ IT OT Other _____ Customer # _____

Shop 24/7 | ModernBeauty.com | 877.566.3376

MODERN BEAUTY

PRE- APPROVED CREDIT CARD AUTHORIZATION APPLICATION

This application gives Modern Beauty Supplies the authorization to charge any invoices to the credit card number entered on this form. This form must be completed and signed by the card holder.

I, _____, _____, authorize Modern Beauty
FIRST NAME LAST NAME
to apply all invoice purchases to my credit card below and will contact Modern Beauty immediately if any changes to my card occur.

Credit Card (Please Select) Visa Mastercard

Card Number _____ Expiry _____ / _____
MONTH YEAR

Billing Address _____

City _____ Province _____ Postal Code _____

Name on Credit Card _____
FIRST NAME LAST NAME

Salon Name _____

Business Number (_____) _____ - _____ Cell Number (_____) _____ - _____

Customer Number _____

I have read and agree to all of Modern Beauty's terms and conditions. I hereby authorize Modern Beauty to apply purchases to the above credit card.

Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Any errors or omissions on invoices or shortages in shipments must be reported to Modern Beauty Supplies Inc. within twenty-four (24) hours of receiving shipment otherwise the customer accepts responsibility for goods as received and invoiced.

MODERN BEAUTY TERMS & CONDITIONS

All new customers will be shipped on a COD basis until a credit application is completed, and credit terms are granted.

The merchandise listed on this invoice is for the sole and exclusive use of hair care professionals and estheticians. Resale of any of the listed merchandise other than to individual customers of the hair care professional and/or esthetician, in volumes and over time periods consistent with individual use, is expressly prohibited.

The Purchaser acknowledges and agrees that, in consideration of the Vendor providing the products listed on this invoice, the Vendor shall have a first charge against the said products and shall be at liberty to register the charge with the Personal Property Registry or equivalent in jurisdiction where the said products are delivered.

All goods on this invoice remain the property of Modern Beauty Supplies Inc. Goods are consigned until paid for in full.

CREDIT RETURN POLICY

Returns are issued as a credit on account and will not be refunded in the original form of purchase.

100% credit will be given for resalable merchandise returned in the original, unmarked, unsoiled package, within sixty (60) days from the date of purchase with office approval.

50%-80% credit will be given for resalable merchandise returned in the original, unmarked, unsoiled package, after sixty (60) days from the date of purchase with office approval. Credit amount will be based on elapsed time from date of purchase.

No credit will be given for merchandise returned after six (6) months from the date of purchase.

No credit will be given for merchandise returned that is not resalable.

No credit will be given for items that are marked, labelled, used or soiled packaging.

No credit will be given on merchandise that has been discontinued, clearance, special ordered, skin care, makeup, hair extensions, or pre-packed.

No refunds. Exchange only. All credits must be used within thirty (30) days of return.

DEFECTIVE MERCHANDISE

Defective merchandise is replaced only when product more than half full and purchased within a six (6) month time frame.

Electrical defectives must be accompanied by original invoice. Warranties are valid only from the original date of purchase.

COLOR

No exchanges or returns.

FURNITURE

All furniture is final sale. No exchange or credit. Damages must be reported within twenty-four (24) hours of delivery and noted on the BOL. Manufacturer warranty only covers replacement parts, however freight is additional on all warranty parts. All furniture must be prepaid.

ELECTRICAL

No returns, exchanges or refunds, only manufacturer warranty. Manufacturer warranty applies to all electrical. Please consult your Modern Business Advisor for all warranty guidelines.

SHEARS

Modern Beauty Supplies Inc. will only guarantee shears that have a manufacturer's warranty, and only if it is a manufacturer's defect. Our office must be notified of any manufacturers defect within twenty-four (24) hours from the time the shear was received.

NOTE

Modern Beauty Supplies Inc. assumes no responsibility unless damages are noted on weigh bill and Modern must be informed and authorization given. Any product damaged when delivered must be refused at the time of delivery. It is the customer's responsibility to sign for the correct number of boxes being delivered by the carrier.

NO REFUNDS. EXCHANGE OR CREDIT ONLY.

Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR