



PALM BEACH BEAUTÉ

TEL: 561-496-2730

FAX: 561-496-1467

CREDIT APPLICATION

Thank you for your interest in becoming a Palm Beach Beauté LLC account. Completion **In Full** of this application will enable quick processing. Please allow two to four weeks for credit investigation. Shipment of orders will be C.O.D. Cash until your application has been approved. All return checks are subject to a \$35.00 service charge fee.

PLEASE TYPE OR PRINT CLEARLY.

_____	Number of years at this address? _____
Name of Firm or Individual	
_____	How long have you been in business? _____
Street Address	
_____	Ownership: _____ Corporation
_____	_____ Partnership
City State Zip Code	_____ Individual
_____	Year Incorporated _____
Telephone # and Contact Person	Duns Number (D&B) _____

E-Mail Address	
Have you done business with us in the past under another name? _____ If yes, under what name? _____	

Principal Officers:

_____	_____	_____	_____
Name	Address	Social Security #	Telephone Number
_____	_____	_____	_____
Name	Address	Social Security #	Telephone Number

Minimum 3 trade references that have extended you credit and number of years you have done business with each.

(1) _____	_____	_____	_____
Name	Complete Address		
_____	_____	_____	_____
Telephone Number	Fax Number	Years	
(2) _____	_____	_____	_____
Name	Complete Address		
_____	_____	_____	_____
Telephone Number	Fax Number	Years	
(3) _____	_____	_____	_____
Name	Complete Address		
_____	_____	_____	_____
Telephone Number	Fax Number	Years	

FAX YOUR APPLICATION TO: 561-496-1467 OR MAIL TO 124 N. SWINTON AVE. DELRAY BEACH FL 33444



PALM BEACH BEAUTÉ

Primary Bank Reference:

Name Address Account #

Telephone Number Fax Number Years with Bank

I, _____ authorize _____
(Print name) (Print name of Bank)

to give my bank information to Palm Beach Beaute, LLC. so that I may establish credit terms with said company.

Signature Date Title

IMPORTANT NOTICE

Tax regulations require the following information. **I hold a valid resale/seller permit#**_____

Applicant understands and agrees that all payments are due within 30 days. Should payment not be made within 45 days, and seller refers the claim to an attorney or collection service, applicant will be liable for all reasonable attorney's fees and costs of collection incurred by seller in collecting the outstanding indebtedness.
We authorize you to verify our credit status.

I HEREBY AGREE TO THE ABOVE TERMS

Signed by an Officer: _____ Date: _____ 20 _____

Title: _____