



**Great American Beauty, Inc.**

TEL: 561-496-2730

FAX: 561-496-1467

**CREDIT APPLICATION**

Thank you for your interest in becoming a Great American Beauty, Inc. 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
City	_____ Partnership
State	_____ Individual
Zip Code	
_____	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



**Great American Beauty, Inc.**

**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 Great American Beauty, Inc. 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: \_\_\_\_\_