

## Company Information

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Type of Business     Corporation     LLC     Partnership     Non-Profit     Sole-Proprietor

## Personal Information on Officers, Partners, or Guarantors

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Sec. # \_\_\_\_\_ %Ownership \_\_\_\_\_  
 Home Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Social Sec. # \_\_\_\_\_ %Ownership \_\_\_\_\_  
 Home Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Social Sec. # \_\_\_\_\_ %Ownership \_\_\_\_\_  
 Home Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

## Company Bank References

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_ Open Date \_\_\_\_\_  
 Telephone \_\_\_\_\_ Contact / Officer \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_ Open Date \_\_\_\_\_  
 Telephone \_\_\_\_\_ Contact / Officer \_\_\_\_\_

## Trade References

Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
 Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_

## Vendor Equipment Information

Vendor Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
 Equipment Description \_\_\_\_\_  
 \_\_\_\_\_ Cost \$ \_\_\_\_\_

## Declaration / Authorization

The undersign agrees that the information provided above, together with any financial statements, schedules, or other materials provided to Our Salon Spa Inc. "OSS" is true, correct, and complete. The undersign authorizes OSS to obtain the credit history of the undersigned and the officers and principals of the company and to investigate (directly or indirectly) such credit history from any source.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please Fax Completed Application To: 604-464-2101