BEAUTY ELEMENTS

SOPRANO Bijoux REALISTIC Destiny

MIAMI HEADQUATER

5517 N.W. 163RD ST. Miami Gardens, FL 33014

TEL : 305-430-4400 FAX : 305-621-5444

bijouxhairusa/www.bijouxhair.com

S P	ACCOUNT	MANAGER

New Account Application (Int'l)

Business Information

Business Name _____

Address _____

_____

city _____ Country _____

Tel (Business) _____ Whatsapp _____

Fax _____ e-Mail _____

Current Carring Hair Brand _____

_____

Owner / Applicant Information

Full Name _____ Position ☐ Owner ☐ Manager

Date of Birth _____ Passport No. _____

Blanket certification of resale

This note certifies that all material, merchandise, or goods purchased by undersigned after_____ are purchased for the following purpose ;

- ☐ Resale as tangible personal property
- ☐ To be incorporated as a material part of other tangible personal property
- ☐ to be produced for sale by manufacturing, assembling, processing or refining
- ☐ To be exported for sale,use,or consumption outside the continental limits of the United States.
- ☐ Other : _____

This certificate shall be considered a part of each order which we shall give,provided such order contains our certificate number. This certificate is to continue in force until revoked.

Signature of Applicant _____ Date _____

Office use only

Term _____ Price level _____ SP- CODE _____

☐ I agree to receive promotional messages sent via an autodialer, and this agreement isn't a condition of any purchase. 4 Msgs/Month. Msg & Data rates may apply.

* Send a copy of BUSINESS LICENSE and PASSPORT with this application

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ATLANTA BRANCH
2440 Satellite Blvd, Duluth, GA 30096
TEL : 770-817-9966 FAX : 770-817-9969

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Credit Card Authorization Form

(Please read thoroughly and sign)

Instructions:

1. **Print and complete form.**
2. **Sign where indicated.**
3. **Submit by email, Whatsapp or Fax the completed form.**

Submit to:

Beauty Elements Corp
5517 NW 163rd Street
Miami Gardens, FL 33014
Fax: 305-621-5444

I authorize **Beauty Elements Corporation** *to charge my (please check below)*

Master ☐ **VISA** ☐ **AMEX** ☐ **DISCOVER** ☐

- **Credit Card Number**
- **Expiration Date** *(mm/yy)* **CVV2 Code** (VISA, MASTER, DISCOVER: 3 digits on the back, AMEX: 4 digits on the front)
- **Billing address** *(Street)*
  (City) *(State)* *(Zip)*
  (Country)
- **The charge is for**

Invoice No.	Amount

(2% convenience fee will be included on the amount to charge) **Total** _____ **USD**

I understand that my signature on this contract will serve as my authorized signature on the Credit Charge Slip

PRINT NAME AS IT APPEARS ON CARD | **SIGNATURE** | **DATE (mm/dd/yyyy)**

COMPANY NAME

☐ I agree to receive promotional messages sent via an autodialer, and this agreement isn't a condition of any purchase. 4 Msgs/Month. Msg & Data rates may apply.

Please send us copyof both sides of the credit card along with this form in order us to proceed the payment.

Thank you for your cooperation!

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Request for Credit Reference

To :

Re. :

Fax :

Date :

Atten: Credit Department / Account Department

The above concern offers your name with others as a credit reference. Would you please accommodate them as well as ourselves, in furnishing us with information as to your credit experience with them?

All information given to us will be held in strictest confidence.

We thank you in advance for your courtesy and speedy response. It will be pleasure to extend the same courtesy to you should need a credit form us in future.

Beauty Elements Co.

Payment Exprience

Sold Since	*From (dd/mm/yy)*	*To (dd/mm/yy)*	
Terms	☐ *COD Cash* ☐ *COD Check ( ) days* ☐ *Net ( ) days* ☐ *Other*		
Credit Limit	$	Largest Amount Purchased	$
Present Past Due	$	Amount Past Due	$
Date of Last Sale	*(dd/mm/yy)*	Amount of Last Sale	$
Check Returned			
Credit Refused	*Reason*		

Manner of Payment *(Check all that apply)*

☐ *Discount* ☐ *Pay when due* ☐ *Prompt* ☐ *Satisfactory* ☐ *Slow but Collectible*
☐ *Refused COD shipments in the past* ☐ *Past Problem's NSF Chekcs* ☐ *Slow, Unsatisfactory*
☐ *Collected by Attorney (Collection)* ☐ *In hands of Attorney (Collection)*

Additional Comment

REFERENCE GIVEN BY | **TITLE & NAME** | **SIGNATURE**

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Guarantee of Payment *(Please read thoroughly and sign)*

The Applicant(s) hereby confirm and guarantee to pay all payments due to **Beauty Elements Corporation** (hereafter "**BEC**").

The Applicant(s) understand that in the event of default of payment, **BEC** reserves the right to seek legal remedy.

The Applicant(s) also confirm and certify that the Applicant(s) have full authority to approve of this agreement and will personally guarantee any outstanding funds due to **BEC**.

The Applicant(s) certify that information supplied in this agreement is true to the best of **Applicant**'s knowledge and releases the information to **BEC** for the use of **BEC** which may include verifying the information provided by **the Applicant(s)**. In addition, **the Applicant(s)** acknowledges the right of **BEC** to refuse credit regardless of the information **the Applicant(s)** have provided.

By signing below, **The Applicant(s)** hereby agree that this credit application is a legal and binding instrument.

Terms & Condition of Sale

Initial terms have been established as C.O.D. All Creditworthy customers are expected to pay within the term period.

All overdue amounts will be charged at a rate of 1.5% per month, each month they are late.

In the event of default of this agreement these terms and conditions of sale shall be governed by Florida State Law.

All sales are final and credit will be issued for returns or exchanges.

- Customers may contact sales representative up to 10 business days from receipt of merchandise.
  Any defective or incorrect merchandise received due to **BEC**'s error will be promptly credited.
  Validity of credit and claim will be reviewed to ensure the highest lever of customer service.
- Merchandise returned for credit/exchange must be in its original condition and packaging.
  We will not credit any merchandise that has been tampered in any way. (brushed, touched, or handled in any way)
- Under normal circumstances, returns, credits, and exchanges for reasons other than the above stated reasons will be subject to a restocking fee of 10%. Freight charges will not be included in your credit.
  The credited amount will be valid for up to 90 days.
  Higher restocking fees will be applied to returned items requiring repackaging.
- We will not accept any returns after 90 days from the date of invoice.
- By signing below, the Applicant(s) hereby understands that the information provided herein will be used to rate his/her creditworthiness via use of such credit reporting agencies as TransUnion, Equifax Experian, and/or others, now and at any future date.

I have read and understand "Terms and Condition of Sale".
I certify that I have read the above statement and all information provided is accurate and hereby authorizing Bank Reference and Trade Reference to release information to **Beauty Elements Corporation**

Print your name & title	Signature	Date (mm/dd/yyyy)
Print your name & title	Signature	Date (mm/dd/yyyy)

Note: ***Please attach copy of your business license along with this application***