



FLH Distributor

6440 Norwalk Road Unit L
Medina, Ohio 44256
Phone: (330) 722-6678
Fax: (330) 723- 2832
Email: sales@flhdistributor.com

NEW ACCOUNT APPLICATION

DATE: _____

SALES REP: _____

Salon Name: _____

Salon Address: _____ City: _____ State: _____ Zip: _____

Salon Phone: (____) _____ - _____ Fax: (____) _____ - _____

Salon Email: _____ Salon Website: _____

Salon License Number: _____ Expiration Date: _____

Type of Business: (Check One) Corporation Partnership (LLC) Sole Proprietorship

Federal Tax ID: _____ Resale No: _____

** IF YOU HAVE A SALES TAX LICENSE, PLEASE ATTACH A COPY**

** If you do not have a Sales Tax License, you will be charged taxes on all product purchased. Not applicable for customers located out of the State of Ohio.*

CONTACT(S)

Please list the names of each person who is authorized to place orders on this account. Only licensed professionals are authorized to set up an account or purchase products from FLH Distributors.

PRIMARY Contact Name: _____ Title: _____

Primary Cosmetology/Barber License #: _____ Expiration : _____

PRIMARY Contact Name: _____ Title: _____

Primary Cosmetology/Barber License #: _____ Expiration : _____

PRIMARY Contact Name: _____ Title: _____

Primary Cosmetology/Barber License #: _____ Expiration : _____

APPLICATION MUST HAVE SIGNATURE

By my using the e-signature feature of this online application, I represent and warrant without reservation that I have the legal right, power, and authority to agree to all terms contained in the electronic records of this online application on behalf of myself (or on behalf of the individual on whose behalf I am acting, if different). I further agree that my use of the e-signature feature of this online application constitutes an "electronic signature" as defined by the Electronic Signatures in Global and National Commerce Act ("E-Sign") and the Uniform Electronic Transactions Act ("UETA") and that I have formed, executed, entered into, accepted the terms of, and otherwise authenticated the terms specified herein for the use of the e-signature feature of this online application.

Applicants Signature: _____ Date: _____

Sales Rep Signature: _____ Date: _____

For Internal Use Only: Date Processed: _____ FLH Account Number: _____



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CUSTOMER CREDIT CARD AUTHORIZATION FORM

All fields must be completed

DATE: _____

I, _____, authorize FLH Distributor to charge my credit card according to the details described. I guarantee full payment of the account listed herein.

CHARGE TO:

Type of Card: _____ Mastercard _____ Visa _____ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____ (digits on back)

Cardholder's Name (As it appears on the card): _____

Cardholder's Billing Address: _____

City / State / Zip: _____

By my using the e-signature feature of this online application, I represent and warrant without reservation that I have the legal right, power, and authority to agree to all terms contained in the electronic records of this online application on behalf of myself (or on behalf of the individual on whose behalf I am acting, if different). I further agree that my use of the e-signature feature of this online application constitutes an "electronic signature" as defined by the Electronic Signatures in Global and National Commerce Act ("E-Sign") and the Uniform Electronic Transactions Act ("UETA") and that I have formed, executed, entered into, accepted the terms of, and otherwise authenticated the terms specified herein for the use of the e-signature feature of this online application.

FLH Distributor will hold this card on file. All orders placed on the website (<http://distributor.com>) will be charged on this card unless other payment arrangements have been made. Orders submitted through our sales rep may be paid by cash, check or charge at the time the order is placed. FLH

Distributor reserves the right to charge this card should the account fall 90 days or more past due.

Applicants Signature: _____ Date: _____

USE & TERMS

FLH Distributors will complete this section:

Name Of Account: _____ FLH Account # _____