



6440 Norwalk Road—Unit L
Medina, Ohio 44256
P: (330)722-6678 F: (330) 723-2832

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 #: _____ Exp: _____

OTHER Contact Name: _____ Title: _____

Other Contact Cosmetology/Barber License #: _____ Exp: _____

OTHER Contact Name: _____ Title: _____

Other Contact Cosmetology/Barber License #: _____ Exp: _____

*****APPLICATION MUST HAVE SIGNATURE*****

Applicants Signature: _____ Date: _____

Sales Rep Signature: _____ Date: _____

Please send this application to:
FLH Distributor - 6440 Norwalk Road - Unit L, Medina, OH 44256
Phone: (330) 722-6678 Fax: (330) 723-2832

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

CUSTOMER CREDIT CARD AUTHORIZATION FORM

All fields must be completed.

DATE: _____

I, _____ authorize FLH Distributors, 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: _____

Applicants Signature: _____ Date: _____

Please send this form to:
FLH Distributor - 6440 Norwalk Road - Unit L, Medina, OH 44256
Phone: (330) 722-6678 Fax: (330) 723-2832

USE & TERMS

FLH Distributors will hold this card on file. All orders placed on the website (<http://FLHdistributor.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 Distributors reserves the right to charge this card should the account fall 90 days or more past due.

FLH Distributors will complete this section:

Name Of Account: _____ FLH Account # _____