



# HAIR MOTION INTERNATIONAL CORP.

40 W 27TH STREET NEW YORK, NY 10001 TEL:212-689-9738 FAX:212-545-7286

WWW.HAIRMOTION.COM SALES@HAIRMOTION.COM

## NEW ACCOUNT APPLICATION

<b>Business Information</b>	Business Name:		Tax ID. #			
	Business Address					
	Street					
	City		State	Zip Code	Country	
	Business Phone #		Fax #			
	Established Since		E-MAIL ADDRESS			
<b>Trade References</b>	1	Company Name		Contact Person		
		Address Street		City	State	Zip Code
	Phone #		Fax #			
	2	Company Name		Contact Person		
		Address Street		City	State	Zip Code
	Phone #		Fax #			
	3	Company Name		Contact Person		
		Address Street		City	State	Zip Code
Phone #		Fax #				
<b>Personal Information</b>	First Name		Date of Birth			
	Residential Address					
	Street					
	City		State	Zip Code	Country	
	Home Phone #		Cell Phone #			
Driver's Lic #		Social Security #				
<b>Bank Information</b>	Name		Account #			
	Bank address					
	Street					
	City		State	Zip Code	country	
	Phone #		Fax #			
<b>Agreement</b>	I, the applicant hereby certify that all the above information is true and correct, and guarantee to pay all payments due to <b>Hair Motion International Corp.</b> in the event of default in any payment. The applicant hereby agrees to pay all attorney fees and interest charges up to 25% of the amount in default if the bill goes to an outside source. The signature below confirms that this application is legal and binding instrument. Checks written to HairMotion that are returned from the bank will be charged \$30.00 processing Fee.					
	Signature		Printed Name		Date	

\*Please Include copies of

1. Business Certificate or License
2. Tax ID. Certificate
3. Owner's Photo ID (Driver License)

Official Use	
Approved by	Customer #