

Lebody USA

160 71 Willets Point blvd #L1, Whitestone, NY, 11357 ♦ 646-327-9322
Dedicated to the Professional Beauty Industry

ACCOUNT APPLICATION

Please fill out this form and send it to info@lebodyus.com

| | | | | |
|---|--|---------------|--|----------|
| Date: | Store Type: | | Terms Requested (check only one) | |
| Section A (All information required for all accounts) | | | COD cash | \$ |
| Name of Business | | | Credit Card* | \$ |
| Business Address | | | Requires Section B: | |
| City | | | COD Check | \$ |
| State | Zip | | | |
| Business Phone | Fax | | Sales Consultant | |
| Business Fed ID No. | Year in Business | | No. | Name: |
| Do you hold a valid Resale Certificate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Resale Certificate # | | | Business Type (check only one) | |
| Business Email | | | Partnership | |
| If a Corporation, LLC or LLP | State of registration | | Proprietorship | |
| | Date of registration | | Corporation | |
| Stockholder, Partner or Business Owner Names | NAMES | | PHONE | |
| | (A) | | | LLC, LLP |
| | (B) | | | Other |
| | (C) | | | |
| REQUIRED PERSONAL GUARNTY OF STOCKHOLDER, PARTNER OR BUSINESS OWNER FOR BUSINESS TYPE 3,4 OR 5 With Terms COD Check In consideration for the credit extended to the applicant, including the acceptance of checks for COD delivery, the undersigned, individually and severally, hereby guartees to be personally liable for all the indebtedness incurred by the above named business. The undersigned further agrees to pay the 25% collection charges that may be incurred in the event of default of if the account is placed in with an attorney or collection agency | | | | |
| (A) | Print Name | Signature | Phone Number | |
| (B) | Print Name | Signature | Phone Number | |
| (C) | Print Name | Signature | Phone Number | |
| Section B (All information is required for COD Check) | | | | |
| Stockholder, Partner or Business Owner | ADDRESS | | CITY/TOWN | STATE |
| | (A) | | | ZIP |
| | (B) | | | |
| | (C) | | | |
| I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with Company credit terms existing presently or in the future. I/We authorize the Company to verify this information and/or obtain additional information by securing data from a credit reporting agency as determined solely by the Company. I/We further agree to pay the 1.5% per month service charge imposed upon all accounts past due by (30) days or more | | | | |
| (A) | Signature | Date of Birth | Social Securty No. | |
| (B) | Signature | Date of Birth | Social Securty No. | |
| (C) | Signature | Date of Birth | Social Securty No. | |

Note: For sales tax exemption attach Resale Certificate