

# Salon Details



## Salon Details

Your Name: \_\_\_\_\_

Position: \_\_\_\_\_

Salon Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Customer Type: please tick box

Salon Owner  Beauty Therapist  Nail Technician

Holistic Therapist  Sunbed/Tanning

Other  Please Specify: \_\_\_\_\_

Established Since: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

Estimated Monthly Credit Limit: £ \_\_\_\_\_

Company Registration: \_\_\_\_\_

Name & Addresses of Directors:

First: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Terms & Conditions

I have read and accept the terms & conditions of sale on page 218 of the Just Care Beauty 2011 Catalogue and agree to abide by them.

Salon Owner / Partner / Director (name in block caps)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**N.B.** This must be signed by Salon Owner, partner or director. No other signature is acceptable.

## Mailing List

Please add me to the Just Care mailing list

Please tick

Yes	No
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## Submit Application

Fax to: **020 8965 6422**

Post to: **Freepost  
RRTY - JYJB - UTJZ  
Just Care Beauty  
1 Bashley Road  
London  
NW10 6TE**

