



MIDWAY STAR SALON SERVICES
 560 WINDY POINT DRIVE
 GLENDALE HEIGHTS, IL 60139
 (630)260-2221
 FAX (630) 407-3870

C
O
N
F
I
D
E
N
T
I
A
L

I
N
F
O
R
M
A
T
I
O
N

(FOR OFFICE USE ONLY)
 PRE PAID CREDIT CARD _____
 ACCOUNT# _____
 SALES PERSON ASSIGNED: _____
 TERRITORY # _____
 COMMENTS: _____

NEW ACCOUNT ACCOUNT CHANGE
 THIS FORM MUST BE COMPLETED IN FULL FOR ALL NEW ACCOUNTS.

CHECK ONE: SALON OWNER STYLIST RENTER

Print Full Name _____
 Salon Name _____
 Salon Address _____
 City _____ State _____ Zip _____ County _____
 Salon Phone Number _____ Salon Fax Number _____
 Email Address _____ Cell Phone Number _____

SHIP TO ADDRESS: BUSINESS RESIDENTIAL

Must be completed when paying by Credit Card

Home Address _____ Apt# _____
 City _____ State _____ Zip _____ County _____
 Work Phone _____ Home Phone _____
 Name on Driver's License _____
 Driver's License # _____ Expiration Date _____
 Date of Birth _____

**Please include a copy of either your cosmetology license and/or business license.
 If you are tax exempt please include a copy of your resale tax certificate.**

I hereby agree to pay any and all outstanding debts incurred by me to Midway Star Salon Services

Print Name _____ Date _____

Signature _____ Date _____