



TruStar Salon Services  
 1590 NW 27th Avenue Suite #2  
 Pompano Beach, FL 33069  
 Phone: (954) 929-4499  
 Fax: (954) 929-7911

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(FOR OFFICE USE ONLY)  
 C.O.D. \_\_\_\_\_ PRE PAID CREDIT CARD \_\_\_\_\_ MONEY ORDER \_\_\_\_\_  
 ACCOUNT# \_\_\_\_\_  
 SALES PERSON ASSIGNED: \_\_\_\_\_  
 TERRITORY # \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

NEW ACCOUNT       ACCOUNT CHANGE

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

We need the following information on the **PERSON SIGNING THE CHECK, INCLUDING A COPY OF A VALID DRIVER'S LICENSE.**

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 Check or 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 TruStar Salon Services

**Returned check charge      \$25.00 FOR CHECKS \$50.00 OR LESS  
    \$30.00 FOR CHECKS \$50.01 - \$300.00  
    \$40.00 FOR CHECKS 301.00 OR GREATER**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_