

# BABE LASH

## ACCOUNT APPLICATION

### BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:		E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		How long at current address?	
Sole proprietorship:	Partnership:	Corporation:	Other:

### BUSINESS AND CREDIT INFORMATION

Billing address:			
City:		State:	ZIP Code:
Shipping address:			
City:		State:	ZIP Code:
CC Type:	Credit Card Number:		
Expiration (MM/YY):		Security Code:	
Card Holder Name:			

### BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

1. Tax exempt certificate and/ or business license must be provided for this agreement to be valid.
2. Babe Lash MAP and Global Internet Policy must be completed and provided for this agreement to be valid.
3. Babe Lash is hereby authorized to charge the above credit card.
4. Claims arising from invoices must be made within seven working days.
5. By submitting this application, you authorize Babe Lash to make inquiries into business/trade references that you have supplied.

### SIGNATURES

Title:		Title:	
Date:		Date:	