



Scratchers Nail Art Contact: info@beautifulscratchers.com

2018 Lawrence Avenue East  
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www.beautifulscratchers.com  
Phone: 416-302-6997

**NEW ACCOUNT APPLICATION**

Account Name: \_\_\_\_\_

Type of Account: (Please check those that apply)  Retail store  Distributor  Online

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

Website: (required for online retailers)  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Seller's Permit/Business No.: \_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYMENT (If Business is Sole Proprietorship)**

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

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

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

Business Phone No.: \_\_\_\_\_ Personal Phone No.: \_\_\_\_\_

**ACCOUNTS PAYABLE DEPT. INFORMATION (If Business is a Partnership or Corp.)**

Contact Person: \_\_\_\_\_ Phone No. (ext.): \_\_\_\_\_

The undersigned individual or officer declares the above information to be true and correct.

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

Print Name: \_\_\_\_\_

**Please Note: After you have signed the above as the Responsible Party this form must be scanned/e-mailed, faxed or mailed to Scratchers Nail Art™ to complete this application.**

New Account Application

Rev. 3

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