

NAKED COSMETICS CREDIT APPLICATION

Customer Name _____ SS# _____
Phone _____ DL Number _____ Email _____
Current Address: _____ City _____ State/Zip _____ #Years _____
Previous Address: _____ City _____ State/Zip _____ #Years _____

Employment:

Current Employer: _____ Email _____
Phone _____ Gross Monthly Income _____
Address: _____ City _____ State/Zip _____

References:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

I hereby authorize Naked Cosmetics to run my credit report.

Name

Date

(Please Print)

Signature _____

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I hereby authorize NAKED COSMETICS to initiate debit entries to my bank account via my Debit card as listed in the payment schedule below.

Procedures: Brows Eyeliner Lips

Down Payment: \$ _____ (\$200 per procedure) Cash Check Credit Card

Debit Card# _____ Exp _____ CCV _____

Amount to be financed \$ _____ (\$800 per procedure)

Monthly Payment: \$ _____ (\$100 per procedure minimum)

Number of Months: _____

This authorization is to remain in full force and effect until account is paid in full. Your card will be charged the amount of your down payment upon booking of your first procedure. A \$10 monthly transaction fee will be added to each transaction. A \$50 penalty will be charged for each rejected transaction. Monthly charges will be deducted on the first of each month. In the event my account becomes delinquent I will be responsible for any and all collections, legal and financing fees.

Name _____

(Please Print)

Signature _____ Date _____

For Internal Use Only

Approved by _____ Date: _____