



CREDIT APPLICATION

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

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

References:

Name _____ Address _____ Phone _____
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

Company: NAKED COSMETICS

I hereby authorize NAKED COSMETICS hereinafter called COMPANY, to initiate debit entries to my account indicated below at the bank named below, hereafter called BANK, and to debit the same to such account. I acknowledge that the origination of NAKED COSMETICS transactions to my account must comply with the provisions of U.S. law.

Procedures: Brows Eyeliner Lips

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

CC#_____ Exp _____ CCV _____

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

Monthly Payment: \$_____ (\$100 per procedure, plus a \$20 monthly transaction fee)

Term: 8 Months

Account:(select one) Checking Account Savings Account on the **15th of each Month***

* Note: A \$50 penalty will be charged for each rejected transaction

Bank:

Name_____ Branch_____

City_____ State_____ Zip_____

Routing Number_____ Account Number_____

This authorization is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. In the event my account becomes delinquent I will be responsible for any and all collections, legal and financing fees.

Name _____ ID Number _____

(Please Print)

Date _____ Signature _____