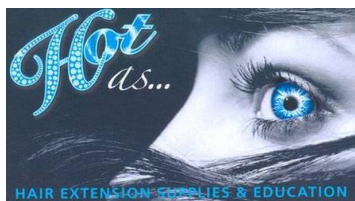


HAIR EXTENSION EDUCATIONAL PROGRAMME APPLICATION FORM



SALON/COMPANY NAME: _____

CONTACT NAME: _____

CONTACT TELEPHONE NO: _____

ATTENDEE/ATTENDEES NAME/S _____

ADDRESS: _____

DATE COURSE TO BE TAKEN / /

1/2 DAY TUBE / FULL DAY - WAX & TUBE (PLEASE CIRCLE)

METHOD OF PAYMENT VISA / MASTERCARD / BANK DEPOSIT (PLEASE CIRCLE)

VISA / MASTERCARD NO / / /

EXPIRY DATE / /

LAST 3 DIGITS BACK OF CARD

NAME ON CARD

BANK DEPOSIT DETAILS:

BANK: Bank Of Queensland
Account Name: Totally Hair Direct Pty Ltd
BSB 124-001
Account No: 20372867

Hot As Hair Extension Supplies & Training
P O Box 2146
Redcliffe North
QLD 4020
Tel: 07 3880 3380
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