

Grapevine Salons

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

Social Security number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Cosmetology No.: \_\_\_\_\_

Lessee's Car (Year/Make/Model): \_\_\_\_\_ License No.: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lease Term: (please circle one)      Month-to-Month      6 months      12 months

If less than 2 years at current address, please provide previous address:

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Residence Phone \_\_\_\_\_ Other Phone No. \_\_\_\_\_ Cell: \_\_\_\_\_

Please provide two personal references and their telephone number

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

Banking Reference: \_\_\_\_\_

Type of Account: Checking \_\_\_ Saving \_\_\_ Account Number: \_\_\_\_\_

Please provide two credit references and their telephone numbers

In case of emergency contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Lease Begins: \_\_\_\_\_ Suite Number: \_\_\_\_\_ Weekly Rental Rate: \_\_\_\_\_

Please mail to

Grapevine Salons  
PO Box 10815  
Austin, Texas 78766