

Melissa Victoria *Salon*

11308 W. Southwest Hwy.
Orland Park, IL 60467
708-478-8140
MelissaVictoriaSalon@yahoo.com
www.MelissaVictoriaSalon.com

LEASING APPLICATION:

Name _____
Last MI First

Address _____
Street City Zip Code

Phone Number _____
Home Cell Phone Work

Email Address _____

Hair License # _____ (Please provide copy of License)

EMERGENCY CONTACTS:

Name Address Phone #

Name Address Phone #

ACKNOWLEDGMENT AND CONSENT STATEMENT

I hereby state that the information given by me in this application is true and correct in all respects. I agree that if I am accepted for leasing and the information is found to be false in any respect, I will be subject to dismissal without notice at anytime. I will read and I hereby agree to be bound by the rules outlined in any procedure manuals, lease documents, rules and regulations publications that I may receive.

I understand and agree that, if I am accepted for leasing by Melissa Victoria Salon, my lease will be for a duration of at least one year. By checking the box below I acknowledge that I have read and understand the Consent Statement on this Application.

- I agree to the terms above (required)

Applicant signature

Date