

# www.SalonCanada.com

**100-2575 Blackwell St. Ottawa, ON., K1B 4E4**

**Telephone (Local):** 1-613-228-6999 email: sales@saloncanada.com

**Telephone Toll-Free:** voice: 1-866-332-9070 email: info@saloncanada.com

**Fax:** 1-613-742-0643 **Toll-Free Fax: 1 866 542 8127**

Please provide the requested info and your salon will be displayed on our site

Salon Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Display Owner/Manager Name on Listing? YES / NO

Position Held: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: (optional) \_\_\_\_\_

Fax: (optional) \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: (optional) \_\_\_\_\_

List me in Nearby Location : \_\_\_\_\_

Payment methods you accept:

— Visa —	— Master Card —	— Travellers Cheques —	— Interac Payment —
— Enroute —	— Discover Card —	— Diner's Club —	— Amex —

Those with an email address will be sent a password and instructions on how you can update your listing on the Internet, any time you wish using 'Salondug' technology. Electronic receipts will also be sent to those who have email addresses. Applicants without email addresses will receive a receipt and a print-out of your Salon homepage so that you can confirm the accuracy of your internet listing. By filling this form out and signing the Payor's Authorization for Pre-Authorized Debits you agree to all SalonCanada terms of listings. Namely, to honor SalonCanada dollars towards services of double the coupon value or greater. This is a 2 year agreement automatically renewable after the twenty four month period.

\_\_\_\_\_  
Name

\_\_\_\_\_  
(Authorized Signature)

Please check off the services you provide:

(The maximum number of services you can list is 21, these can be self edited at will)

**Hair Services**

- Hair Cuts
- Children's Cuts
- Blow Dry
- Perms
- Other, please describe:  
\_\_\_\_\_

**Colour/Chemical Services**

- Semi Permanent Colour
- Permanent Colour
- Foil or Cap Highlights
- Partial Highlights
- Chemical Straightening
- Bleach & Toner
- Braiding & Extensions
- Conditioning Treatment
- Intense Treatment
- Other, please describe:  
\_\_\_\_\_

**Special Occasions**

- Up-do
- Bridal Packages
- Brides Maids
- Make-up
- Other, please describe:  
\_\_\_\_\_

**Gift Certificates**

- Gift Certificate

**Facial & Treatments**

- Facial Massage
- Electric Facial Massage
- Cosmetic Mask
- Face lifting
- Anti-aging with a.h.a fruit peeling
- Oil ampoule
- Back treatment
- Make-up application
- Trial Make-up
- Mud wrap
- Algae wrap
- Other, please describe:  
\_\_\_\_\_

**Waxing Treatments**

- Full leg
- Half leg
- Underarm
- Bikini Line
- Extended Bikini
- Lip
- Brows/Chin
- Face
- Brazilian
- Other, please describe:  
\_\_\_\_\_

**Hand & Foot Treatments**

- Pedicure Spa
- Pedicure
- Manicure
- French manicure

- Polish Change
- Paraffin hand/foot treatment
- Other, please describe:  
\_\_\_\_\_

**Massage**

- Relaxation massage
- Therapeutic massage
- Registered massage therapist
- Body massage
- Body peeling
- Micro massage
- Cellulite treatment
- Other, please describe:  
\_\_\_\_\_

**Tanning**

- Self tanning application
- Mist tanning
- Other, please describe:  
\_\_\_\_\_

**Packages**

- Call for details

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Please Write a brief description of your Salon: *(Max 10 lines, 120 Characters per line)*

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Captions for Photos: *(50 Characters maximum per caption)*

1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_

**Product Lines Carried**

- Avanc'e
  - Aveda
  - Bed Head
  - Catwalk
  - Joico
  - Loreal
  - Sebastian
  - Shop Online
  - Sothys
  - Tigi
  - Wella
  - Other (Please list below)
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**Parking Options**

- Valet Parking
  - Free Parking
  - Meter Parking
  - Pay lot Parking
  - Other, please list below:
- 

**Method of Business**

- Walk-in
  - Appointments
  - Book-online (link to URL)
- URL: \_\_\_\_\_

**Complementary Refreshments**

- Wine
  - Juice
  - Coffee
  - Cappuccino
  - Other, please describe:
- 

**Special Promotions**

- Mother's Day
  - Father's Day
  - Valentine's Day
  - St. Patrick's Day
  - Easter Special
  - Christmas Special
  - New Year's Special
  - Monthly Special
  - New Service Special
  - Other, please describe:
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Mail to: SalonCanada.com, 100-2575 Blackwell St. , Ottawa, ON K1B 4E4 or  
Fax to:  
1 866 542 8127

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR  
BUSINESS PURPOSES**

1. Payor's (Salon/Spa) Name and address - please print.

We warrant and represent that the following information is accurate.

Company Name	Surname	First Name
Street		
Town	Postal Code	Telephone Number

Name of Payor's (Salon/Spa) Financial Institution (the "Processing Member")		
Street		
Town	Postal Code	Telephone Number

We have attached a specimen **cheque marked "VOID"** to this payor authorization (the "Authorization").

We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee's Name and Address - please print.

Name of Payee (the "Payee") SALON ONLINE CANADA INC.		
Street: 100-2575 Blackwell Street		
Town Ottawa	Postal Code ON	Telephone Number 613 228 6999

3. We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Member and is provided in consideration of the Processing Member agreeing to process debits against our account, as listed above (the "Account") in accordance with the Rules of the Canadian Payments Association.

4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our signing officers and are empowered to enter into this agreement.

5. We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Canadian Payment Association ("CPA") Rule H1) (the "PAD") drawn on the Account, for the following purpose:

6. We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Member. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by us.

7. We may cancel the Authorization at any time after the 24 month contract is over upon providing written notice to the Payee. If we cancel within the 24 months, then we will pay the payee \$20 for each remaining month in the contract.

8. Unless otherwise agreed to in writing, the Payee will provide to us, at the address provided in section 1:

(a) with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s) unless such notice has been waived in accordance with CPA Rule H1; and

(b) with respect to variable amount PADs or PADs with sporadic frequency, written notice of the Payment amount and the Payment Date(s), at least 10 calendar days before the Payment Date of every PAD unless such notice has been waived in accordance with CPA Rule H1.

9. The Payee may issue a PAD **Monthly** in a dollar amount up to a maximum of \$ 40  
(insert frequency of debits)

10. We acknowledge that the Processing Member is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.

11. Revocation of the Authorization does not terminate any contract for goods or services that exists between us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

12. We may dispute a PAD only under the following conditions:

- (i) the PAD was not drawn in accordance with the Authorization;
- (ii) the Authorization was revoked; or
- (iii) pre-notification, as required under subsection 14(a) or (b) was not received and such pre-notification was not waived in accordance with subsection 14(d).

We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Member holding the Account up to and including 10 calendar days after the date on which the PAD in dispute was posted to the Account.

We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between us and the Payee, outside the payments system.

13. We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.

14. We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Authorized Signature)