

Group 3 Marketing's  
OPEN BOOKING SYSTEM™  
Information Form

Please print

SALON/SPA NAME \_\_\_\_\_ # Of Locations\* \_\_\_\_\_  
(See Page 2)

SALON/SPA LEGAL NAME \_\_\_\_\_  
If different than name above

ADDRESS \_\_\_\_\_  
(If multiple Locations, please list corporate office address)

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_-\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_  
(Of the Primary Contact or Owner)

SALON WEB ADDRESS \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

OWNER \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**LIST SERVICES TO BE INITIALLY IMPLEMENTED**

- OPEN BOOKING SYSTEM
- WEEKLY E-CONNECT SYSTEM (Optional)

Salons/spas with multiple location IDs will be charged for the internet website link on a per location basis. If one e-mail goes to all your clients with the same message, only one chain-wide charge will apply.

**PAYMENT OPTIONS ≤ Credit Card ≤ Paper Invoice (Select one)**

**CREDIT CARD INFORMATION:**

Credit card name:  Visa  MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_ MO \_\_\_\_ YEAR

Approved By: (Salon/Spa) \_\_\_\_\_

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

Received By: G3M \_\_\_\_\_

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

**QUARTERLY INVOICING:**

You may pay by check. We will send a manual (paper) invoice upon receipt of this form and your signed license Agreement and then invoice you 30 days prior to the beginning of each quarter. Payment must be received prior to the first day of the quarter or your service will be suspended until your check has been processed.

If you elect manual invoices, we will add a **3% handling charge** to your quarterly invoices.

**List of salon/ spa IDs for operations with multiple locations.**

<u>Salon/Spa Name</u> (only required if different than name on first page)	<u>City</u>	<u>State</u>	<u>Phone #</u>	<u>LOCATION</u> <u>ID number</u> (G3M Office Use)
_____	_____	_____	_____	_____
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