

SUITE APPLICATION

APPLICANT INFORMATION

First Name:	Last Name:	DOB:
Address:		
City:	State:	ZIP:
How long have you lived at current address?	Own 🛘	Rent
If renting: Landlord Name:	Landlord Phone:	
Phone Number:	Mobile Number:	
E-mail Address:	Social Security:	Drivers License #:
PROFESSIONAL INFORMATION		
Current Salon:		
Operator's License #:	Expiration Date:	
Profession: 🗖 Esthetician 🗖 Hair Stylist 🗖 Man	curist/Pedicurist 🚨 Massage Therapist 🚨 Lask	n Technician 🔲 Make-up Artist 🔲 Med Spa
Other		
Current status:	☐ Booth Renter (Current Rate:	Average Weekly Income:
SUITE RESERVATION INFORMATION		
Desired Location: ☐ Westgate - S. Lamar ☐ Suns	set Valley - Brodie Lane 🚨 Galleria - Hill Country	y Blvd
Desired Suite: \square Single \square Double \square Window	☐ Specific Suite (Suite #:	
Move-In Date:	Optional Date:	Suite Deposit:
How did you hear about My Salon Suite?		
EMERGENCY CONTACT INFORMATION		
First Name:	Last Name:	Relationship:
Phone Number:	Mobile Number:	
SIGNATURE & DISCLAIMER		
is not intended to create a contract nor do submitted a Suite Deposit, and neither pa	es it constitute a reservation of, or optic rty shall be contractually obligated unti horizes My Salon Suite to conduct a ful	It is fully understood that this Suite Application on for, a specific salon suite, unless Applicant has il and unless a lease agreement is fully executed Il credit search and report. In the event that the within fifteen (15) working days.
Signature:		Date:

The above information will be used to determine rental eligibility from My Salon Suite. Information gathered is strictly confidential. All qualified applicants over 18 years of age are considered regardless of race, creed, color, sex, religion, national origin, age, disability and any other reason protected by law.

AUSTIN LOCATIONS: