

Application Form (Over 16's Only)

Name:

Date of Birth:

Address:

Telephone Number: **Mobile:**

Email:

Occupation:

Course Details:

Preferred Course Date:

Declaration: I, the undersigned, confirm that the information given on this application is both truthful and correct. I understand that all deposits and fees paid are not refundable should I not take up my place or fail to complete the course. I have read and understood all sections on this application form. I have also read Asu Nail & Beauty Supplies Terms & Conditions and agree to abide by them.

Signature: _____ **Date:** _____

Payment Method:

Cash **Cheque** **Laser** **Visa** **MasterCard**

Cheques should be made payable to Asu Nail & Beauty

Credit Card Details

Card Number:

Expiry Date: **CCV:**

Signed:

Date: