| GUEST NAME | SERVICE(S) REQUESTED | TIME OF SERVICE |
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FASHION NAILS DEPOSIT CONTRACT

| Primary Contact: | Reservation Date: | Т | ime: | |
|--------------------------------|----------------------|----------------------------------|-----------------|--|
| Address: | City: | City: State/Zip: | | |
| Cell Number (primary contact): | Email Address (prima | Email Address (primary contact): | | |
| Secondary Contact: | Cell Phone: | Email: | | |
| Event Start Time: | Event End Time: | | | |
| Credit Card Number: | Expiration Date: | Expiration Date: | | |
| CVV: | Billing Zip Code: | Billing Zip Code: | | |
| GUEST INFO | RMATION AND SERVICES | REQUESTI | ĒD | |
| GUEST NAME | SERVICE(S) REQU | ESTED | TIME OF SERVICE | |
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| TOTAL AMOUNT DUE FOR SER\ | /ICES D | EPOSIT AM | OUNT | |

TERMS AND CONDITIONS

- The "primary contact" listed above is the only person authorized to submit/request any changes to the reservations.
- I understand that a deposit of 50% of the total price of services requested is required by the primary
 contact to reserve/secure the appointments on the above date. Be sure that ALL members of your
 party that will be receiving services are listed on the intake form.
- Request for changes must be within 48 hours of the first reservation. Please be sure that your guests
 are aware of this. Any guest cancellations or "no-shows" within 48 hours of the reservation will result
 in a loss of deposit funds equal to 50% of the price of services requested by the non-appearing guest.
- I agree to allow my credit card to be on file in case extra charges need to be applied or the deposit amount is insufficient to cover any improper cancellation charges. If any additional charges are required, I will be provided with an itemized receipt.
- Any remaining deposit funds will be returned to the primary contact at the end of the event.
 Remaining deposit funds will be returned to the original payment method and will be available, subject to the cardholder's refund policy.
- I, on behalf of myself and my guests, agree to the scheduled appointment times given in this agreement. I agree to provide scheduled appointment times to each guest. Guests should arrive no less than 15 minutes prior to their scheduled appointment. Guests who arrive more than 15 minutes after their scheduled appointment may be considered a "no-show".

| Feel free to bring snacks & non-alcohavailable to those guests 21 and over the | nolic beverages for your event. Alcoholic beverages will be for purchase. |
|--|---|
| and have supplied all correct and requ | ough and understand all terms and details of this agreement lired information for myself and my guests. By signing below, me a deposit for the agreed upon services, as well as any in this agreement. |
| Signature | Date |