

SERVICES - DEPOSIT AGREEMENT

Name: _____	Date of Birth: _____
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A non-refundable deposit of 25% of any service longer than one hour is required at this Medi-Spa. This deposit must be paid at the time the service is booked either by cash, debit or credit card. No personal cheques are accepted. The service must be within 8 weeks of the date of deposit or the deposit is forfeited.

On any services longer than one and a half hours any deposit paid will be non-refundable should patient not show up or are later than 15 minutes of said appointment. Any late appointments WILL be rebooked.

All deposits must be applied to the service booked only. If service must be changed there will be no refund, there will only be a store credit offered. This must be approved by management.

The deposit will be placed on account and will be deducted from the total owing on the date that the service is performed.

Client Name: _____

Type of Service: _____

Date of Service: _____

Price of Service: \$ _____

25% Deposit: \$ _____ Paid by: Cash Debit Card Credit Card

Date Paid: _____

This policy has been reviewed with me and I acknowledge that I understand and agree to the terms and conditions.

_____	_____	_____
Print Client Name	Signature of Client	Date

_____	_____	_____
Print name of Service Provider	Signature of Service Provider	Date

For Office Use Only: Deposit processed by		
_____	_____	_____
Print Name	Signature	Date