

## SCULPTRA - DEPOSIT AGREEMENT

Name: _____	Date of Birth: _____
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A non-refundable deposit of 50% of the service price for all Sculptra procedures must be paid. 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.

All deposits must be applied to the service booked only. In case of no-show for this treatment the deposit will be forfeited. If service must be changed there will be no refund, there may 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: \$ \_\_\_\_\_

50% 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

<b>For Office Use Only:</b> Deposit processed by		
_____	_____	_____
Print Name	Signature	Date