

## SERVICE AGREEMENT

Today's Date: \_\_\_\_\_

### Client Contact Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Session Date(s) & Time \*3 Hour Minimum Required

\_\_\_\_\_

### Project Description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Payment Expectations

Payment accepted: ☐ Cash ☐ Check ☐ E-Payment (Zelle, Cash App, PayPal, Apple Pay)

If e-payment method, please specify \_\_\_\_\_

Rates: \_\_\_\_\_

Shopping fee/product purchase payment requirements: \_\_\_\_\_

**Payment is expected at time of service unless other arrangements have been made.**

### Cancellation Policy

We kindly request 48-hours notice for all cancellations, so we may allow another valued client to take that time slot. Cancellation fees will apply if you fail to provide adequate notice. If you have questions or need to cancel, please call at least 48 hours prior to your session.

### Confidentiality

We respect your privacy. All information received from you is confidential.

Although we will make recommendations, you will retain all final decision-making authority.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign the agreement and return via email (below) or at our first session.

We look forward to working with you soon!

