

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!