

STRICT AND ENFORCED 24 HOUR CANCELLATION POLICY!

Your appointment is very important to me but please understand that when you forget or cancel less then 24 hours prior, I miss the opportunity to fill that slot. Clients on my waiting list miss the opportunity to receive services. Confirmation and reminder texts are sent out in advance to help you remember. Therefore, any cancellations less then 24 hours of your appointment are subject to a fee listed below.

(To ensure this cancellation policy is upheld, I require a credit card to reserve appointments starting July 1st, 2019.)

- Less than 24 hour notice will result in a charge equal to 50% of the reserved service amount.
- "NO SHOWS" will be charged 100% of the reserved service amount.
- Appointments made within the 24 hour period that later need to be cancelled, must cancel within 4 hours of appointment time or result in a charge equal to 50% of the reserved service amount.
- If you cancel or "no show" multiple times, you may be asked to find another lash artist or your fee jump up to 100% of the reserved amount for any cancellation or no show.

Out of respect for all of my clients, guests arriving 10 minutes after the start time of their appointment may be asked to reschedule. This is to avoid putting everyone behind. We all have busy lives and their appointment time is just as important as yours.

This cancellation policy allows time to inform standby guests of any availability thus better serving everyone. Lash Hooked policies are presented and provided in the best quality with hopes of providing excellent service for our established and future clientele.

Thank you

PAYMENT AUTHORIZATION FORM

SIGN AND COMPLETE THIS FORM TO AUTHORIZE LASH HOOKED TO MAKE A ONE-TIME TRANSACTION TO YOUR CREDIT OR DEBIT CARD LISTED BELOW. BY SIGNING THIS FORM, YOU GIVE PERMISSION TO DEBIT YOUR ACCOUNT FOR THE AMOUNT INDICATED ON OR AFTER THE INDICATED DATE. THIS IS PERMISSION FOR A SINGLE TRANSACTION ONLY, AND DOES NOT PROVIDE AUTHORIZATION FOR ANY ADDITIONAL UNRELATED DEBITS OR CREDITS TO YOUR BANK ACCOUNT. PLEASE COMPLETE THE INFORMATION BELOW.

I	(PRINT FULL NAME) AUTHORIZE LASH
HOOKED TO CH	HARGE MY CREDIT OR DEBIT CARD ACCOUNT INDICATED BELOW
FOR \$	(AMOUNT) ON OR AFTER
8	(DATE) THIS PAYMENT IS FOR
(DESCRIPTION OF PRODUCTS OR SERVICES)
BILLING ADDRE	:ss:
	E #:
CITY, STATE, ZI	P:
EMAIL:	
	VISA MASTERCARD AMEX DISCOVER CASH
CARDHOLDER	
NAME:	
	BER:
	TE:
CVV:	
I AUTHORIZE TH	IE ABOVE NAMED BUSINESS TO CHARGE THE CREDIT CARD
INDICATED IN TI	HIS AUTHORIZATION FORM ACCORDING TO THE TERMS OUTLINED
ABOVE. THIS PA	YMENT AUTHORIZATION IS FOR THE PRODUCTS OR SERVICES
DESCRIBED ABO	VE, FOR THE AMOUNT INDICATED ABOVE ONLY, AND IS VALID FOR
ONE TIME USE C	ONLY. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT
CARD AND THAT	I WILL NOT DISPUTE THE PAYMENT WITH MY CREDIT CARD
COMPANY; SO LO	ONG AS THE TRANSACTION CORRESPONDS TO THE TERMS
INDICATED IN TI	HIS FORM.
I ALSO UNDERS	TAND THAT I AM SUBJECT TO A SERVICE FEE THAT WILL BE
CHARGED TO TH	E ABOVE ACCOUNT FOR LATE CANCELLATIONS OR NO-SHOW
APPOINTMENTS,	WHEN SERVICES HAVE BEEN SCHEDULED. LATE CANCELLATIONS
ARE DEFINED AS	S LESS THE 24 HOURS PRIOR TO PROCEDURES WITH LASH
HOOKED RESU	LTING IN A 50% NON-REFUNDABLE CHARGE. ALL "NO SHOWS"
WILL RESULT IN	A 100% NON-REFUNDABLE CHARGE.
DATE:	

