

SERVICE AGREEMENT



TODAY'S DATE _____

CLIENT CONTACT INFORMATION

Name _____ Email _____
Phone (cell) _____ Phone (home) _____
Address _____ City _____ State ____ Zip _____

SESSION DATE(S) & TIME

PROJECT DESCRIPTION

PAYMENT EXPECTATIONS

Payment accepted: cash check credit cards _____

Rates: _____

Shopping fee/product purchase payment requirements: _____

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

CANCELLATION POLICY

I kindly request a 48-hours' notice for all cancellations so I 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

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

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

CLIENT SIGNATURE: _____ Date _____

Please sign agreement and return at our first session. I look forward to working with you soon!

Nancy A. Bender – 216-650-0713