



CONTRACT FOR SERVICES

A. Service provider:

Name: Laura Anzalone
Mailing address: P.O. BOX 4977 Eagle, CO 81631
C. 970.376.6689
E. laura@soulspastudio.com
URL: www.soulspastudio.com

B. Recipient of Services (Client):

Name:
Address:
Cell:
Email:

CONTRACT TERMS:

The parties listed above voluntarily bind themselves to the following terms and conditions:

1. Location/Date for Services Rendered:

Address:
Date:
Time:

2. Services Provided:

The Service Provider shall provide the following services; there is a 4 person minimum.
(Please provide here the list of individuals wanting makeup services)

3. Time allotted for Services:

Make-up services for the bride are generally completed within one (1) hour.
Make-up services provided for additional persons are generally completed within forty-five (45) minutes.

4. Terms of Payment:

The Service Provider accepts cash, check, M/C, Visa & Amex. A non-refundable deposit of \$100 is required to hold the Recipient's date. The *non-refundable* deposit of \$100 is due at the time the contract is executed.

PLEASE NOTE: IF YOU ARE PAYING BY PHONE WITH AN CREDIT CARD A 2% PROCESSING FEE WILL BE ADDED TO THE TOTAL DEPOSIT.

This deposit will be applied to the Recipient's balance. Final payment is due when services are rendered in the form of **ONE** payment for all recipients.

An automatic 20 % gratuity is added to final balance.

CC# _____ exp: _____ CVC: _____ Billing zip: _____

a.) **SERVICE PROVIDER FEE: \$150 per hour/per artist.**

Final balance cannot be calculated until the day of event.

Recipient is responsible for any hotel valet parking charges the Service Provider may incur.

RECIPIENT TO INITIAL:

- 1.) I understand service provider accepts ONE form of payment for final (day of) balance ____
- 2.) I understand 20 % gratuity is added to final balance ____
- 3.) I understand there is a FOUR person minimum ____
- 4.) I understand the FINAL TOTAL cannot be calculated until "day of" services are complete____

I have read and understand the Contract for Services and agree to the terms stated herein.

Service provider: _____

Recipient: _____

Date: _____