



CONTRACT FOR SERVICES

A. Service provider:

Laura Anzalone, P.O. BOX 4977 Eagle, CO 81631
970.376.6689 | laura@soulspastudio.com | www.soulspastudio.com

B. Recipient of Services (Client):

Name:
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:

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. False lashes supplied by service provider for \$25 per pair. Trial runs are available at Soul Spa Studio 960 Chambers Ave, Eagle CO 81631 (no travel fee). Trial runs *on location* \$50 travel fee in addition to the hourly rate.

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. Terms of Payment:

The Service Provider accepts:

- Cash
- Check
- M/C, Visa, Amex, Discover
- Venmo, @laura-Anzalone-1

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 WITH VENMO OR BY PHONE WITH A CREDIT CARD A 3% 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 the final balance.

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

a. **SERVICE PROVIDER FEE: \$165 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: _____