

BRIDAL AGREEMENT

Dear Bride,

Thank you for including Essentials Salon in your special day. We appreciate you taking the time to

make us aware of all the pertinent details of your Wedding Day. We are happy to help you in any way

possible! The purpose of this agreement is to confirm the services to be rendered for the wedding party along with the name(s) of those responsible for the services provided by Essentials Salon. This agreement and deposit must be completed and returned within 60 business days of scheduling services or the

services and time(s) requested will not remain reserved.

**WEDDING INFORMATION**

Wedding Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wedding Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wedding Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure from salon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Party for Hair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes:

No. of Party for Makeup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-Site: \_\_\_\_\_\_ (yes) \_\_\_\_\_\_\_ (no)

**BRIDE INFORMATION**

Bride’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_

**PRICING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Bride Hair: | $ | Attendants Hair: | $ |
| Bride Makeup: | $ | Attendants Makeup: | $ |
| Attendants Hair: | $ |  |  |
| Attendants Makeup: | $ | **TOTAL COST** | $ |

Please list all name(s) and service(s) for Bride, Bridal Party and guests for proper scheduling times.

|  |  |
| --- | --- |
| NAME | SERVICE(S) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**PAYMENT INFORMATION:**

Total Amount for Services: \_\_\_\_\_\_\_\_\_ Total Deposit Required: \_\_\_\_\_\_\_\_

Travel Fee: \_\_\_ (yes) \_\_\_ (no) Early Start Fee: \_\_\_ (yes) \_\_\_ (no)

Check Payment Type: \_\_\_\_CASH \_\_\_\_\_ CREDIT \_\_\_\_\_CHECK

**CREDIT CARD INFORMATION:**

**To guarantee appointment times, we require the following credit card information:**

Credit Card Type: \_\_VISA \_\_ M.C. \_\_Discover\_\_ AE Expiration Date (Month/Yr.) \_\_\_\_\_\_ CVV: \_\_\_\_\_\_

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*all Credit Card information will be destroyed within 48 hrs. of services being completed.

No charges will be made to your credit card until services are performed. However, we do require two weeks (14 days) notice cancellation policy. If an appointment is cancelled less than two weeks (14 days) prior to your appointment, you will be held responsible for half (50%) of that cost of the service(s) and your credit card will be charged. In the event of “No-Show” you will be held responsible for 100% of cost of service(s) and your credit card will be charged.

On behalf of Essentials Salon, we look forward to helping you with all your needs on your Wedding Day! If you have any questions, or if we can better serve you in any way, please contact us. Thank you!

**Taylor Haslag, Owner-Essentials Salon**

Essentials Salon Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_