

# STYLIST SERVICES RECEIPT

Stylist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SERVICE	CONSULTATION FEE	PAYMENT RECEIVED
Level I Essential Consultation		
Level I Color or Style Only		
Level II Professional Consultation		
Level II Color or Style Only		
Level III Complete Consultation		
Level III Color or Style Only		
Events, Seminars & Workshops		
Design Consultations/Hrly.	_____ hours at \$_____ per hour	
Other:		
Other:		
<b>Total Due &gt;</b>		

**PAYMENT METHOD:**

Check: \$ \_\_\_\_\_  Cash: \$ \_\_\_\_\_  To be invoiced: \$ \_\_\_\_\_

**Credit Card:** \$ \_\_\_\_\_  Visa,  MC,  American Express,  Discover Credit Card

CC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC (3-digit code): \_\_\_\_\_

Billing Address (if different then above): \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

**Notes:**

**FOR STYLIST TO COMPLETE:**

Please give one copy of this completed form to client, and fax or mail a copy to Body Beautiful within 5 days of consultation.  
**Body Beautiful Fax:** 310-314-3554 / **Mailing address:** 212 3<sup>rd</sup> Ave, Venice, CA 90291