

Sarah Puckett

INDEPENDENT STYLIST

NEW CLIENT INTAKE FORM

As an Independent Stylist I am committed to helping you with your beauty needs and goals. The following questions will help make our time together as effective as possible, and will help you become familiar with all the services I offer, that may help you reach your beauty goals successfully.

Date _____ Full Name _____

Address _____ City _____ Zip _____

Cell _____ Email _____

Preferred Contact Method: Text _____ Call _____ Email _____

Birthday (Month/Day): _____ May I send you special offers? Yes _____ No _____

Who may I thank for sending you to me? _____

What products are you currently using at home? _____

What goals do you have for your beauty? _____

Thank you for taking the time to share more about yourself with me today. I look forward to working with you as your beauty professional.

CANCELLATION POLICY: My schedule is dedicated to my clients and their needs, but when I have a no-show or last minute cancellation I cannot fill that appointment with another person. As a result I require at least 48 hours notification via phone to cancel and reschedule to avoid losing your booking fee. Any cancellation or no-show with less than 48 hours notice will be charged for the full appointment.

Circle: Visa Mastercard

Name on card _____ Card # _____

Exp _____ / _____ CVV _____ Billing Zip: _____

By signing you agree to the policies and have read and understand them.

_____ Date _____

Client Signature