

# INVISIBLE BEAD EXTENSIONS®

## Consultation Form

### CLIENT INFORMATION

Name : \_\_\_\_\_ E-mail : \_\_\_\_\_

Phone : \_\_\_\_\_

Date & Time of Scheduled Install : \_\_\_\_\_

### APPOINTMENT INFORMATION

Number of Rows : \_\_\_\_\_ Numbers of Wefts : \_\_\_\_\_

Length of Hair : \_\_\_\_\_ Colors Ordered : \_\_\_\_\_

Cost of Initial Install : \_\_\_\_\_ Deposit Due Today : \_\_\_\_\_

Remaining Balance Due Day of Install : \_\_\_\_\_

Recommended Maintenance Service Every \_\_\_\_\_ weeks.

Cost of Move Up : \_\_\_\_\_

(price may change if more rows/wefts are needed)

### REFUND POLICY

\*\*\*Refund Policy: Stylist does not offer refunds on any hair extension services. However, if there is an issue with the color or cut please notify the stylist within 7 days after the initial installation so the service can be fixed free of charge. \*\*Hair is non-refundable.

Clients Full Name : \_\_\_\_\_ Date : \_\_\_\_\_

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

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

