

meraki

SALON

New Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____

Email: _____

What is your preferred method of appointment reminders?

Text _____ Email _____

How did you find us?

Client Referral ____, Client Name _____

Google ____, Yelp ____, Website ____, Facebook ____, Instagram ____, Other ____,

Cancellation/No Show Policy

We ask that you give us a 24 hour notice for appointment cancellations so that we may accommodate other clients during that time.

Clients that do not arrive for their scheduled appointment with no 24 hour notice of cancellation will be charged a portion of that appointment.

Deposits

We require a deposit on appointments of two or more hours which will be applied to your scheduled service. Cancelling or Rescheduling: we require a MINIMUM of 48 hours notice prior to your appointment to honor a deposit refund.

I acknowledge that I understand the above mentioned policies:

Sign: _____ Date: _____