

MIRAGE

HAIR STUDIO

Bridal Contract

Name of Bride:

Contact Numbers:

Mailing Address:

Email address:

Date of Event:

Appointment Time:

Total Count for Formal Style (including Bride): _____ = \$ _____

Total Count for Makeup (Including Bride): _____ = \$ _____

Total Count of guest for Muffins & Mimosa's: _____ = \$ _____

Estimate = \$ _____

7715 N Kings Hwy, Myrtle Beach, SC 29577

phone 843-449-9983 fax 843-692-9283 email miragehairstudio@gmail.com

Deposit Information

In order for Mirage Hair Studio to guarantee your appointment time to be held for your party, we require that a credit card number be on file. No charges will be made on your CC until services are performed. To avoid being charged any penalties, please make any cancellations or changes prior to 72 hours of scheduled services.

Please provide all credit card information below:

Cardholder name:

Visa/ MC Credit Card Number:

Expiration Date:

V-Code:

Card Holder Billing Address:

By signing below, I acknowledge that I am responsible for full payment of services due on the day of event.

Signature

Date

*Failure to cancel appointment before 72 hours will result in a charge to your credit card for full payment of services.

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