NEW AND EXISTING CLIENT CREDIT CARD WAIVER FOR LA BELLA HAIR SALON

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cardholder name), am agreeing to the terms and conditions of La Bella Hair Salon’s (located at 1263 Washington St in West Newton, MA) cancellation policy. I am aware that they charge 50% of the scheduled service if I cancel the appointment within a 24-hour window and 100% of the scheduled service if I do not show up to the appointment. I am authorizing them to process the payment by signing this waiver and providing them with my credit card information below.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Credit Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code pertaining to credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_