

Absolut Hair DeZign

In Love with Healthy Hair

ABSOLUT CLUB CONSENT FORM

Name:..... Date:.....

Address:.....

Home ph:..... Work ph:..... Mobile ph:

Email address:

Frequency of payments

Weekly Fortnightly Monthly Value of payment.....

I understand that the funds from my automatic payment are deposited into a 'secure' bank account and will be transferred to pay for my hair treatment on the day of my appointment. Any outstanding balance will be paid to ABSOLUT HAIR DIZIGN on the day of my hair treatment.

I understand that at any time I can cancel my membership to the ABSOLUT Club and if funds are in credit, they will be refunded to me in full, within 7 working days.

Client signature:..... Date:.....

Thank you for choosing ABSOLUT HAIR DEZIGN, your privacy will be respected and details will not be passed out to other parties.