



**Off-Site Event Contract/Credit Card Authorization Form**

Event Name/Services for: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Email and/or Fax: \_\_\_\_\_ Event Date/Date of Appointment: \_\_\_\_\_

Event Time/Appointment Time: \_\_\_\_\_ Types of Services: \_\_\_\_\_

Expected number of guests for services (off-site only): \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Salon David Cancellation Policy:** Appointments cancelled or rescheduled less than 24 hours of your appointment time will incur a charge of 50% of the service value scheduled.  
All no-shows of your appointment time will incur a charge of 100% of the service value scheduled.

**Salon David Cancellation Policy for Off-Site Events:**

Cancellations for off site events must be made within 14 days of scheduled event. Off site events cancelled or rescheduled less than 14 days of your event will incur 50% of the service value quoted.  
Final number of clients and type of services requested needed for day of event must be made within 7 days of your scheduled event.

I, \_\_\_\_\_ authorize Salon David to post charges related to the services/event scheduled above to the following credit card.

Please indicate:  Master Card  American Express  Visa  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

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