



Bridal Party Information

Payment Authorization Form

As part of our Wedding Agreement, Twisted Hare Salon requires credit card information to reserve these appointments. We ask that should there be a need to adjust or cancel any of the appointments, please contact us 72 hours prior to the time and date of the appointment. If changes or cancellations are made less than 72 hours' notice of the appointment time and date, the entire cost of the adjusted or cancelled services will be placed on the credit card. Please note, we can only accept cash and/or credit cards as payment for your bridal services.

Payment Information

Credit Card Number: _____ Exp Date: ____/____

Name as it appears on the card: _____

Signature: _____

The deposit will be charged to the card above when the contract is signed, and the balance will be charged the day prior to the event. You will receive a copy of the signed contract via email for your records. Once again, we thank you for choosing Twisted Hare Salon to share on your special day. Please do not hesitate to contact us if you have any questions or concerns.

3401 Nicollet Ave S
Minneapolis, MN 55408
(612) 729-4415
thetwistedhare@gmail.com

I _____ agree to the scheduled appointment times given on the attached intake forms, and the price listed above. I understand and agree to the deposit of 50% processed at this time to secure the appointments. I agree to pay the balance due of \$_____ in advance or agree to the balance being processed on the card provided above on ____/____

I understand that the deposit will not be refunded upon cancellation, and that the balance will be charged unless 72 hours cancellation notice is given by me. I understand that no refund will be given to members of the wedding party who miss their appointment on the day of the event. I agree to any services requested in addition to those detailed in the contract will be performed and billed on the card provided above on an ala carte basis.

By signing below, both parties agree to the terms and conditions as outlined. Any changes to this agreement will require an amendment signed by both the service provider and recipient.

Signature: _____ Date: _____

Salon _____ Date: _____

Signature: _____