



Hair Extensions by Lauren Ashley Davis

Professional Hair Extension Stylist

1317 North San Fernando Blvd. ● Burbank, CA 91504

Phone: (818) 558-7974 ● 888-4-LA-DAVIS (888-452-3284)

Website: www.4LADAVIS.com ● E-Mail: payment@4LADAVIS.com

<u>Client Information</u>	<u>Application Address</u>	<u>Credit Card Address</u>

Invoice Number: 179

Date of Sale:	Hair Stylist: Lauren Ashley Davis	Purchase Order (Optional):
Home Phone:	Cell Phone	Office Phone
Consultation Date:	Application Date:	Application Time:
Miscellaneous:		
Email Address 1:	Email Address 2:	

Client Hair Information

Placement	No.	Code	Length	Texture	# of Bundles	Cost/Bundle	Bundle Total

Total Hair Purchase

Payment

Service / Product	Amount	Payment	Product Description # Price Ext
Hair Extension Bundles for Application:			
Hair Extension Perming:			
Hair Extension Application:			
Travel Time:			
Hair Extension Maintenance:			
Hair Extension Application Tip:			
Gas:			

Total for all services:

Deposit Deposit Date: Deposit Method:

Balance Due Balance Date: Balance Method:

<u>Credit Card 1</u>	<u>Credit Card 2</u>
Card Number: <input style="width: 90%;" type="text"/>	Card Number: <input style="width: 90%;" type="text"/>
Credit Card Issuer: <input style="width: 90%;" type="text"/>	Credit Card Issuer: <input style="width: 90%;" type="text"/>
Credit Card Expiration (Month/Year): <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Credit Card Expiration (Month/Year): <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Credit Card CVV: <input style="width: 40%;" type="text"/>	Credit Card CVV: <input style="width: 40%;" type="text"/>

PLEASE NOTE:

* Credit Card Charge for Hair Extension services will appear on your Credit Card Statement as: **Accounting For Everything**
 I authorize my Credit Card to be charged for the total amount stated above according to the card issuer agreement.

Cardholders Name: _____

Cardholders Signature: _____