



Bridal Agreement Terms and Conditions

778 North Dean Rd., Suite 400 Auburn, AL 36830
Phone:334-501-2221 Fax: 334-501-2223
e-mail: customerservice@spauburn.com
www.spauburn.com

Wedding Information

Wedding Date:_____ Ceremony/Picture Start Time:_____

Time you need to leave the Spa:_____ Number of Guests in Your Bridal Party:_____

Bridal Information

Bride's Name:_____ Bride's Phone Number:_____

Bride's Address:_____

E-Mail:_____

Alternate Contact Name and Phone Number:_____

Credit Card Information

In order to guarantee your appointment times, we require the following credit card information:

Credit Card Type:____American Express ____Visa ____Mastercard ____Discover

Credit Card #:_____

Expiration Date (Month/Year): _____

Billing Address:_____

Signature:_____ Date:_____

Print Name:_____ Date:_____

Total Amount of Services	\$ _____
Total Deposit Required	\$ _____
Check Payment Type Below	
____Cash	____Credit
	____Check

On behalf of Spa Auburn, we look forward to serving your wedding party for your big day!
If you have any questions, or if we can better serve you in any way, please contact us.

Thank you! LeeAnn Pettit, Owner
Kelly Moseley, Spa Director



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Policies

Securing Appointment Date

Your appointment date(s) and service(s) will be secured when the signed contract and a 30% deposit of the total of services has been received. All bookings for weddings are made on a "first come-first served" basis. No dates will be guaranteed without a signed contract and deposit.

Payment

The remaining balance is due the day of service. Prices are subject to change as styling needs change or services are added. Prices include a 20% gratuity. We accept ALL major credit cards.

Contract/Appointment Changes

All agreements will be made in writing. Any changes/additions to guests or wedding party members requesting additional services after the contract is signed **must be submitted in writing.**

In the event that an appointment is cancelled less than one week (7 days) prior to your appointment, you will be held responsible for half (50%) of the cost of the service(s) and your credit card will be charged.

***You may mail , fax or e-mail any changes or requests.**

Late Arrivals

Please arrive for your services on time. Tardiness results in scheduling and service conflicts for you and other clients following your appointment(s). If the scope of the original contract cannot be fulfilled due to client's tardiness, services may be reduced, however clients are liable for the original amount.

I have read, understand and agree to the terms of this contract. Deposit is due upon submission of this document.

Signature: _____ **Date:** _____

Name of Additional Contact Person: _____