

# Beauty Salon

## Application for Beauty/Barber Salon Charging Privileges.

Dear Family Members,

**This Form Must Be Filled Out Completely, Before Any Services Are Done.**

Please fill out and return to the salon, with your payment, or fax us at (602) 493-0953. **The Responsible Party is the person responsible for payment, other than the resident.** A statement of charges is mailed monthly and bills are due upon presentation. If payment is not received within 15 days, a service charge will be added to the unpaid balance. If there is a trust account handled by the facility, please specify below.

**Resident's Name:** \_\_\_\_\_ has permission to receive the following services at \_\_\_\_\_ (Facility Name).

	WEEKLY	2 WKS	4-6 WKS	6-8 WKS	3-4 months	Gratuity (Optional)
Shampoo-Set	_____	_____	_____	_____	_____	
Haircut	_____	_____	_____	_____	_____	
Shampoo and Cut	_____	_____	_____	_____	_____	
Hair Color	_____	_____	_____	_____	_____	
Perm Wave	_____	_____	_____	_____	_____	
Shampoo Only	_____	_____	_____	_____	_____	
Dandruff Shampoo	_____	_____	_____	_____	_____	
Color Rinse	_____	_____	_____	_____	_____	
Conditioner	_____	_____	_____	_____	_____	
Manicure	_____	_____	_____	_____	_____	
Pedicure	_____	_____	_____	_____	_____	

CHECK IF NO SERVICES DESIRED \_\_\_\_\_ IS THE RESIDENT DIABETIC? Y or N

### Responsible Party Information

TODAY'S DATE: \_\_\_\_\_

\_\_\_\_\_  
**Responsible Party Name**  
(Please Print)

\_\_\_\_\_  
**Responsible Party Signature**  
(Void if signed by resident\*)  
(See \* below)

\_\_\_\_\_  
**Mailing Address-# and Street**  
(Bank only for P.O. Box)

(\_\_\_\_\_) \_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**City, State ZIP**

**Email Address to receive monthly statement (bill by email only)**  
PLEASE ADD hbpcorp@hbpcorp.com to your email's safe list to avoid spam delivery

\_\_\_\_\_  
Please initial if funds are to be withdrawn from facility trust account.  
(\*If resident is responsible for payment of services, payment is due at time of service, No Charging Privilege).