

The King's Head Tattoo Inc. Deposit Form

Artist: _____
Design: _____
Appointment Date: _____ Appointment Time: _____
Deposit Amount: _____ Contact Number: _____
Email: _____

The following will result in a forfeit of your deposit:

- Changing your design/idea more than two (2) times.
- Failure to show up for your appointment.
- Failure to give at least a 48-hour notice of cancellation.
- Leaving a deposit for over a sixty day period. (With no contact)
- Choosing to switch artists after consult/design.

Initial _____

Design Description:

Color _____

Black and Grey _____

Print Name: _____

Date: _____

Signature: _____

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Deposit : CASH/ CREDIT/DEBIT

Amount: \$ _____

Taken By: _____

Date/ Time: _____

ARTIST: _____