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**Confidential INK – Service & Payment Agreement**  
**Areola & Nipple Tattoo Services**

**Client Acknowledgment & Consent**  
*(Please initial each section to confirm understanding)*

\_\_\_\_\_\_ I acknowledge that **all payments, including deposits, are final and non-refundable**, regardless of the circumstances.

\_\_\_\_\_\_ I understand that **areola and nipple tattoo procedures are typically completed over two sessions** due to the complexity of working with surgical or scarred tissue. If I choose not to attend my follow-up session, **I forfeit any portion of the service fee**—no refunds will be issued.

\_\_\_\_\_\_ I agree that a **$50 Booking fee / deposit is required** to book my tattoo appointment. This Booking fee / deposit will be applied to the total cost of the procedure. Should I need to reschedule, and I do so within the time frame permitted by the artist, the deposit will be transferred to the new appointment.

\_\_\_\_\_\_ I understand that if I **NO CALL, NO SHOW cancel or reschedule with less than 24-48 hours' notice**, my booking fee / deposit will be **forfeited and a new booking fee / deposit will be required to rebook**.

\_\_\_\_\_\_ I agree to **adhere strictly to all aftercare instructions** provided by my artist to ensure proper healing and the best possible results.

\_\_\_\_\_\_ I understand that my procedure includes **two sessions as part of the base price**. If I request additional sessions or touch-ups beyond those two, **an additional fee will apply**, to be determined by the artist based on the work needed.

\_\_\_\_\_\_ I understand that pricing for areola and nipple tattooing is based on **unilateral or bilateral needs**. I have discussed my needs and agreed to a flat rate with the artist in advance.  
The agreed rate for my procedure is: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_ I understand that **the full balance is due on the day of service**. If needed, I may request a receipt for my records or insurance reimbursement.

**Client Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_