



Care Beyond Beauty®

# Service Frequency Authorization

*Please Print*

**For family members** - this form must be completely filled out before any services that are performed. Return to the salon or email to [service@cpgsalon.com](mailto:service@cpgsalon.com). The "Responsible Party" is the person responsible for payment other than the serviced resident. A receipt of charge(s) is emailed or texted at the time of service, and is due upon presentation. If payment is not received within 5 days of our notification, a no payment fee of \$20 will be applied to the account. Make payment easy, set up credit card instructions with us at the salon or online at [www.cpgsalon.com](http://www.cpgsalon.com) > family services> Mindbody®

\*Resident Name: \_\_\_\_\_ has permission to receive the following services at

\*Retirement Community Name: \_\_\_\_\_

\*Resident Unit or Room #: \_\_\_\_\_

*Additional form needed for each resident - Please print*

(Please check mark)	Weekly	2 Weeks	4-6 Weeks	6-8 Weeks	3-4 Months
<b>Womens Haircut</b> (Includes Shampoo)	_____	_____	_____	_____	_____
<b>Mens Haircut</b> (Includes Shampoo)	_____	_____	_____	_____	_____
<b>Shampoo only</b>	_____	_____	_____	_____	_____
<b>Shampoo Set/or Curling Iron - Style</b>	_____	_____	_____	_____	_____
<b>Perm and Haircut</b>	_____	_____	_____	_____	_____
<b>Color &amp; Set</b>	_____	_____	_____	_____	_____
<b>Color, Set &amp; Haircut</b>	_____	_____	_____	_____	_____
<b>Manicure</b>	_____	_____	_____	_____	_____
<b>Pedicure</b>	_____	_____	_____	_____	_____
<b>Nail Clipping</b>	_____	_____	_____	_____	_____
<b>Toe Clipping</b>	_____	_____	_____	_____	_____

*Gratuity* (Please check mark) 15% \_\_\_\_\_ 20% \_\_\_\_\_ *Thank you!*

**RESPONSIBLE PARTY** (Please Print)

Residents can not charge to her/his room. Charging is for the "Responsible Party" only. If resident is responsible, payment is due at the time of service. CPG Salon LLC, and its employees are not responsible for items left in the salon.

\*Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

\*Authorization Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_