INVOICE

Business Name
Address Line 1
Phone / Email

Invoice #: _____
Date: _____

CLIENT:

Name: _____
Phone: _____

APPOINTMENT DETAILS:

Stylist: _____
Method: _____

Description	Quantity / Length	Unit Price	Amount
Hair Extensions (Brand/Grade: _____)			
Installation Service (Rows/Bundles: _____)			
Color Blending / Custom Cut			
Aftercare Products			

Subtotal: $ _____

Tax: $ _____
Deposit Paid: ($ _____)

TOTAL DUE: $ _____

Notes / Aftercare Instructions:

Terms: Please follow provided maintenance guide. No refunds on hair hygiene products.