

[STUDIO NAME]

[Artist Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: _____
Invoice #: _____

CLIENT INFORMATION

Name: _____
Phone: _____
Project Description: _____

Description	Quantity/Hours	Rate	Total
Initial Design Consultation			
Custom Illustration/Reference Prep			
Non-Refundable Deposit			

Subtotal: \$ _____
Tax: \$ _____
Total Due: \$ _____

NOTES & TERMS

1. Deposits are non-refundable and apply toward the final session of the tattoo.
2. A minimum of 48 hours notice is required for rescheduling.
3. Custom artwork remains the intellectual property of the artist until the tattoo is completed.

Thank you for your business.