TRADITIONAL TATTOO STUDIO

Invoice / Service Record

ARTIST INFO

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

CLIENT INFO

[Client Name]
[Phone/Email]
Date: _____
Invoice #: _____

SESSION DETAILS

DESCRIPTION	PLACEMENT	RATE/FLAT	TOTAL
Custom Design / Flash Name:			
Tattoo Session (Hours: ____)			
Aftercare Products		-	

Subtotal: $_____
Non-Refundable Deposit: - $_____
TOTAL DUE: $_____

AFTERCARE NOTES & SKETCHES

Terms: All sales are final. No refunds on custom artwork or tattoo services. By paying this invoice, the client acknowledges satisfaction with the artwork and application.

X_____

Client Signature