BEAUTY by Brin

BEAUTY FORM
CUSTOMER RECEIPT

Client Name: _____ Date: _____

Beauty Services	Qty	Price	Total
	1		0.00
	0		0.00
	0		0.00
Beauty Products	**Qty**	**Price**	**Total**
	1		0.00
	0		0.00
	0		0.00
	0		0.00
	0		0.00

PAYMENT METHOD

- ☐ Cash
- ☐ Credit Card
- ☐ Venmo

0.00

Notes: Thank you! ♥

Services Subtotal	0.00
Products Subtotal	0.00
Sales Tax 6.75%	0.00
TOTAL	0.00
Tip	

0.00

www.beautybybrin.com
(435) 669-2787