Permanent Makeup

CONSULTATION FORM

CLIENT INFORMATION:

Name: _____ Date: _____

Date of birth: _____ Age: _____ ☐ Female ☐ Male ☐ Non-Binary

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

How did you hear about us? _____

Would you like to be added to our email list for news and exclusive offers? ☐ No ☐ Yes

MEDICAL HISTORY

Please mark any of the following conditions you may currently have.

- ☐ Alopecia
- ☐ Anemia
- ☐ Cancer
- ☐ Circulatory Problems
- ☐ Cold sores or fever blisters
- ☐ Diabetes
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fainting spells or dizziness
- ☐ Hair Loss
- ☐ Healing problems
- ☐ Hemophilia
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV
- ☐ Hypertrophic or keloid scars
- ☐ Joint Replacements
- ☐ Liver Disease
- ☐ Low Blood pressure
- ☐ Prolonged bleeding
- ☐ Sensitivity to cosmetics
- ☐ Thyroid disturbances
- ☐ Trichotillomania
- ☐ Tumors, growths, cysts
- ☐ Other _____

Any known allergies? ☐ No ☐ Yes _____

List any medications you take regularly including vitamins, herbal supplements, aspirin:

_____

Any recent surgery, including plastic surgery? ☐ No ☐ Yes _____

Are you pregnant or trying to become pregnant? ☐ No ☐ Yes

Are you taking birth control? ☐ No ☐ Yes, the brand that I am using is _____

Do you smoke or consume alcohol? ☐ No ☐ Yes

PERMANENT MAKEUP CONSULTATION FORM

Have you ever had a cosmetic tattoo or permanent makeup procedure before? ☐ No ☐ Yes

If yes, when was your last procedure?

_____

Do you have moles/raised areas in or around the treatment area? ☐ No ☐ Yes

Do you have or have you had a piercing in treatment area? ☐ No ☐ Yes

Are you currently wearing lash extensions of any kind? ☐ No ☐ Yes

Have you experienced Botox, Restylane or Collagen injections? ☐ No ☐ Yes

If yes, please specify:

_____

Do you scar easily? ☐ No ☐ Yes

Do you bruise/bleed easily? ☐ No ☐ Yes

Have you ever had an allergic reaction to any of the following:

- ☐ Aspirin
- ☐ Crayons
- ☐ Food
- ☐ Fragrance
- ☐ Glycerin
- ☐ Hair Dyes
- ☐ Lanolin
- ☐ Latex
- ☐ Latex
- ☐ Lidocaine
- ☐ Medication
- ☐ Metals
- ☐ Paints
- ☐ Vaseline
- ☐ Other: _____

What are your expectations and goals for the treatment? What would you like to improve/change about the area? Consider shape, color,density, thickness...

_____

_____

_____

Any questions or concerns about the procedure?

_____

_____

<u>By signing below, you agree to the following:</u>

I have completed this form truthfully and to the best of my knowledge. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any falsification of my medical history

_____ Client Name (Printed)

_____ Client Name (signature)

_____ Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup

CLIENT CONSENT FORM

I hereby consent to and authorize_____ to perform the following procedure_____

Please initial each statement:

_____ I confirm that I am above 18 years of age and affirm that I am not under the influence of drugs or alcohol. I further declare that I am not pregnant or nursing and express my desire to undergo the specified semi-permanent pigmentation procedure. I have received a comprehensive explanation regarding the general nature of cosmetic micro-pigmentation, as well as the specific procedure that will be carried out.

_____ If any unforeseen condition arises during the procedure, I authorize my therapist to use their professional judgment to determine the necessary course of action under the circumstances. I take responsibility for selecting the color, shape, and placement of the Permanent Makeup procedure, as discussed during the consultation. I understand and acknowledge that non-toxic pigments are used during the procedure and that the achieved result may fade over a period of 1-3 years. Even as the color fades, the pigment itself may remain in the skin indefinitely.

_____ I have been informed that strict hygiene standards are followed, including the use of sterile, disposable needles and pigment containers for each client, procedure, and visit.

_____ I understand and accept that achieving the desired results is a process that may require multiple pigment applications, and that complete success cannot be guaranteed during the initial procedure. It may be necessary for me to return for additional procedures.

_____ The outcome of the procedure can be influenced by various factors, including medication, skin characteristics (dryness, oiliness, sun damage, thickness or thinness), personal skin pH balance, alcohol consumption, smoking, and post-procedure aftercare.

_____ After the procedure is completed, there may be temporary swelling and redness of the skin, which typically subsides within 1-4 days. Bruising may also occur in some cases. I can resume normal activities, but should limit the use of cosmetics, excessive sweating, and sun exposure until the skin has fully healed. Further instructions regarding aftercare will be provided. The results of the procedure should be acceptable for me to appear in public without additional makeup.

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PERMANENT MAKEUP CLIENT CONSENT FORM

_____ **I have been informed that the true color of the procedure will be visible after 6 weeks, and the pigment may vary based on factors such as skin tone, skin type, age, and skin condition. It is understood that certain skin types may accept pigment more readily, and an exact color guarantee cannot be provided.**

_____ **I agree to follow all pre-procedure and post-procedure instructions provided and explained to me by the technician. Failure to comply with these instructions may compromise the success of the procedure.**

_____ **I acknowledge that I have received information regarding the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand that this cosmetic procedure carries both known and unknown complications, including but not limited to infection, scarring, inconsistent color, and the potential spreading, fanning, or fading of pigments. I am aware that the actual color of the pigment may be slightly modified due to the tone and color of my skin.**

_____ **I am fully aware that the semi-permanent skin pigmentation procedure is a form of tattooing, which is an art rather than an exact science. I am requesting this procedure with an understanding of its permanence and the possible complications and consequences associated with it.**

_____ **I acknowledge that there is a possibility of having an allergic reaction to the numbing agent and/or pigments used during the procedure. While a patch test is offered, I understand that even if I undergo the test, it does not guarantee that I will not have an allergic reaction. If I choose to waive the patch test, I release the technician from any liability in the event that I develop an allergic reaction to the pigment.**

_____ **I am aware that if I undergo any skin treatments, injectables, laser hair removal, plastic surgery, or other procedures that alter the skin, it may result in adverse changes to my permanent makeup procedure. I understand that some of these changes may not be correctable.**

<u>My signature acknowledges that I have read and agree</u> that I will adhere to all of the aforementioned statements that I have initialed.

_____	_____	_____
Client Name (Printed)	**Client (signature)**	**Date**

escosbeauty@gmail.com **734-417-6793** **Website: www.escos-beauty.com**

Permanent Makeup

CLIENT PATCH TEST CONSENT FORM

Please initial each statement:

_____ I acknowledge that I will be receiving a patch test for permanent makeup from a licensed and certified permanent makeup artist. I understand that the purpose of this test is to determine whether I have any allergies to the permanent makeup pigment that will be used during my procedure.

_____ I am aware that the patch test will involve applying a small amount of the pigment to a small area of my skin. I understand that I need to observe the area for 24-48 hours to check for any allergic reactions. If I notice any redness, itching, swelling, or other symptoms during this time, I will promptly notify the artist.

_____ I understand that while the patch test helps to reduce the risk of an allergic reaction during the permanent makeup procedure, it does not guarantee that I will not experience one. In the event that I do have an allergic reaction during the procedure, I am aware that the artist will immediately stop the procedure and take appropriate measures to address the situation and ensure my safety.

By signing below, I herby acknowledge that I have completely read and fully understand the above agreement.

☐ I consent to have a patch test done

☐ I decline to have a patch test done

_____
Client Name (Printed)

_____
Client Name (signature)

_____
Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup

PRE-PROCEDURE INFORMATION & ADVICE

• Multiple treatment sessions are typically required for permanent makeup procedures. Clients will need to return for at least one finishing session, usually 5-7 weeks after the initial procedure. Additional touch-ups may be necessary for those with oily skin. Please note that immediately after the procedure, the color will appear significantly darker and sharper, but it will gradually reduce by 30-50%.

• Although numbing cream or solution is used, clients may still experience sensitivity or discomfort during the procedure. It is normal for the skin to appear red, bruised, and/or swollen afterward.

• Refrain from consuming alcohol 24 hours prior to the treatment.

• Unless medically necessary, avoid taking blood-thinning substances such as fish oils, herbals, Vitamin E, aspirin, ibuprofen, and do not donate plasma within 7 days before the procedure.

• If possible, avoid consuming certain herbs and spices before the appointment, including black pepper, cardamom, ginger, cayenne, cinnamon, garlic, horseradish, and mustard.

• A patch test can be conducted unless the client chooses to waive it. It is the client's responsibility to schedule the patch test at least one week prior to the procedure.

• Patients prone to cold sores or fever blisters should take an antiviral medication before the treatment. Hormone therapies can affect pigmentation and may cause sensitivity.

• Discontinue the use of brow- or lash-growth serums such as Latisse or RevitaLash before the procedure, as they can lead to sensitivity and affect pigment retention.

• Avoid Botox, AHA products, and retinoids for two weeks prior to the procedure.

Topical Anesthetic Advice:
Allergic reactions can occur as a result of using anesthetics such as lidocaine during the procedure. If you experience an allergic reaction, it is important to contact your doctor immediately. Symptoms of an allergic reaction may include redness, swelling, rash, blistering, dryness, or any other signs typically associated with an allergic response.

Please note that we cannot be held responsible if the area being treated does not fully respond to the numbing cream. The effectiveness of the cream may vary for each individual depending on their skin type. While some clients may experience complete numbness in the area, others may still feel some discomfort during the procedure.

Permanent Makeup - Lips

PRE-PROCEDURE INFORMATION & ADVICE

What To Expect On The Day of Procedure:

Permanent Lip Procedure

Please ensure that you arrive at your appointment without any lip makeup or cosmetics applied. A thick layer of numbing cream will be applied to your lips, and it will need 20-30 minutes to penetrate and take effect.

Consultation: During the consultation, you will have the opportunity to discuss your desired lip shape, color, and any concerns or questions you may have with the artist. The artist will also assess your skin tone, texture, and overall health to determine the most suitable pigment and technique for your lips.

Numbing: To minimize discomfort, the artist will apply a topical numbing cream to your lips before the procedure. It may take up to 30 minutes for the numbing cream to fully take effect.

Pigment Selection: Together with the artist, you will select the pigment color that best matches your desired lip color and complements your skin tone.

Procedure: Once the numbing cream has adequately numbed your lips, the artist will commence the permanent makeup procedure. Using a handheld device with a sterile needle, the artist will carefully deposit the pigment into your lips. The duration of the procedure may range from 2 to 3 hours, depending on the size of your lips and the desired outcome.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

_____ _____

Client Name (Printed) Client Name (signature)

_____

Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup - Brows

PRE-PROCEDURE INFORMATION & ADVICE

What To Expect On The Day of Procedure:

Permanent Brows Procedure

Upon arrival at your appointment, a customized brow map will be created by your permanent makeup artist. This process involves drawing a series of horizontal, vertical, and diagonal lines using an oil-based crayon. These lines will frame the area where hair-like strokes, shading, or a combination of both will be micro-pigmented or tattooed into the dermis of the skin. The following steps outline the procedure:

Consultation: You will have a consultation with your permanent makeup artist to discuss your desired brow shape and color. During this consultation, the artist will also examine your skin type and inquire about any allergies or medical conditions you may have.

Numbing: Prior to the procedure, a topical numbing cream will be applied to the brow area to minimize any discomfort you may experience during the process.

Mapping: Using the crayon, the artist will outline the shape of your new brows, taking into consideration your natural brow shape and facial features.

Pigment Application: Using a handheld device equipped with a small needle, the artist will meticulously apply pigment to the skin, creating small, hair-like strokes that mimic the appearance of natural brows.

Procedure: The duration of the procedure typically ranges from 1 to 2 hours, depending on the complexity of the desired brow shape and the amount of pigment required. Following the procedure, it is crucial to follow the provided aftercare instructions diligently to promote proper healing and achieve optimal results.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

_____ _____

Client Name (Printed) **Client Name (signature)**

_____

Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup - Eyeliner

PRE-PROCEDURE INFORMATION & ADVICE

What To Expect On The Day of Procedure:

Permanent Eyeliner Procedure

Please ensure that you arrive at your appointment without any eye makeup or cosmetics, including lash extensions. A thick layer of numbing cream will be applied to the eye area and allowed to penetrate and take effect for 20-30 minutes. After the anesthetic is carefully removed, a map will be pre-drawn with an oil-based crayon, indicating the specific area that will be micro-pigmented or tattooed into the dermis of the skin. The following steps outline the procedure:

Reminder: Although rare, it's important to note that topical lidocaine used during the procedure can cause temporary pupil dilation, especially in clients with lighter-colored eyes. This may result in blurry vision for a few hours following the procedure. As a precaution, we strongly advise all clients to arrange for someone else to drive them home. You will be asked to sign and initial to confirm that you have a backup ride from the spa in the event of pupil dilation or blurry vision, if necessary, on the day of the procedure before lidocaine is applied.

Consultation: During the consultation, you will discuss your desired eyeliner shape and thickness with your permanent makeup artist. The artist will also assess your skin type and inquire about any allergies or medical conditions you may have.

Numbing: Before beginning the procedure, a topical numbing cream will be applied to the eyelid area to minimize any discomfort you may experience during the process.

Mapping: Using a pencil, the artist will outline the shape of your new eyeliner, taking into consideration your natural eye shape and lash line.

Pigment Application: With a handheld device equipped with a small needle, the artist will meticulously apply pigment along the lash line, creating a natural-looking eyeliner effect.

Procedure: The duration of the procedure typically ranges from 1 to 2 hours, depending on the complexity of the desired eyeliner shape and the amount of pigment required. After the procedure, it is crucial to follow the provided aftercare instructions diligently to promote proper healing and achieve optimal results.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

_____ _____

Client Name (Printed) **Client Name (signature)**

_____

Date

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Permanent Makeup - Lips

AFTERCARE INFORMATION & ADVICE

Permanent Lips Procedure

To ensure proper healing and beautiful results for your new lips, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: Apply a small amount of aftercare ointment to the treated area twice a day, using a clean cotton swab. Avoid picking, scratching, or rubbing the area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

Hot liquids, like coffee or tea, should be avoided for the first 24 hours after the procedure. Drinking through a straw can help minimize moisture on the treated area in the first few days.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

During the healing process, your lips may appear dry, flaky, or scabbed. This is a normal part of the healing process, and it is important to avoid picking at any scabs or dry skin to prevent pigment loss.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new lips.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

_____ _____

Client Name (Printed) **Client Name (signature)**

_____

Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup - Brows

AFTERCARE INFORMATION & ADVICE

Permanent Brows/ Microblading Procedure

To ensure proper healing and beautiful results for your new eyebrows, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: Apply a small amount of aftercare ointment to the treated area twice a day, using a clean cotton swab. Avoid picking, scratching, or rubbing the area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new eyebrows.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

_____ _____

Client Name (Printed) **Client Name (signature)**

_____

Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup - Eyeliner

AFTERCARE INFORMATION & ADVICE

Permanent Eyeliner Procedure

To ensure proper healing and beautiful results for your new eyeliner, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: Apply a small amount of aftercare ointment to the treated area twice a day, using a clean cotton swab. Avoid picking, scratching, or rubbing the area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

During the healing process, your eyeliner may initially appear darker, thicker, or more intense than expected. This is normal and part of the healing process. The color will gradually soften and become more natural-looking over the next few weeks.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new eyeliner.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

_____ _____

Client Name (Printed) **Client Name (signature)**

_____

Date

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Permanent Makeup

CLIENT TREATMENT RECORD FORM

CLIENT INFORMATION:

Name: _____ **Date:** _____

Date of birth: _____ **Age:** _____

Address: _____

Phone: _____ **Email:** _____

TREATMENT NOTES

Initial Procedure:

_____

_____

_____

Touch Up:

_____

_____

_____

Notes / Description:

_____

_____

_____

PIGMENTS USED

BLADES USED

ANESTHESIA USED

PAIN LEVEL

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Permanent Makeup

TREATMENT RECORD CARD

Name: _____ Date: _____

Email: _____

Phone: _____

DATE	TREATMENT	NOTES	PRICE	SIGN

Permanent Makeup

TREATMENT RECORD CARD

Name: _____ Date: _____

Email: _____

Phone: _____

DATE	TREATMENT	NOTES	PRICE	SIGN

Permanent Makeup

PHOTO & VIDEO RELEASE FORM

I, _____ hereby grant and authorize _____ I grant the right to capture, modify, edit, reproduce, exhibit, publish, distribute, and utilize any photographs, videos, and/or audio recordings taken of me for lawful promotional purposes. These materials may include, but are not limited to, newspapers, flyers, posters, brochures, advertisements, press kits, websites, social media platforms, and other forms of print and digital communication. I provide this authorization without expecting any payment or other forms of consideration.

This authorization remains in effect indefinitely and applies to all languages, media, formats, and markets, whether currently known or discovered in the future.

I willingly waive any rights to royalties or other compensation arising from or related to the use of these photographs or recordings.

I acknowledge and accept that the materials created through this agreement will be the property of the _____ and will not be returned to me.

I hereby release and discharge the _____ from any liability, claims, or legal actions that may arise, including those made by myself, my heirs, representatives, executors, administrators, or any other individuals acting on my behalf or on behalf of my estate.

By signing below, I confirm that I have thoroughly read and comprehended the entirety of the release agreement stated above.

By signing below, I hereby acknowledge that I have completely read and fully understand the above release agreement

_____	_____	_____
Client Name (Printed)	Client (signature)	Date

Permanent Makeup

CANCELLATION POLICY

In order to ensure the provision of high-quality care within a reasonable timeframe, we have implemented an appointment and cancellation policy.

As appointments are in high demand, canceling your appointment in advance allows us to offer the time slot to another individual seeking timely care. This policy helps us optimize our appointment availability for all clients.

During the appointment booking process, you will be required to make a _____ deposit, which will be applied as a credit towards your scheduled treatments.

We understand that circumstances may arise requiring you to cancel or reschedule your appointment. To avoid any inconvenience, please notify us at least 24 hours prior to your scheduled appointment. In such cases, your deposit will either be refunded or applied towards a future appointment. However, if you provide less than 24 hours' notice, a _____ cancellation fee will be charged.

Please note that if you arrive more than _____ minutes late for your appointment, it will be considered a no-show and the cancellation fee will be applied.

We are more than happy to address any inquiries or concerns you may have regarding our cancellation policy.

I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by its terms. I agree to pay the cancellation fee in the event of a missed appointment.

_____	_____	_____
Client Name (Printed)	**Client (signature)**	**Date**

escosbeauty@gmail.com 734-417-6793 Website: www.escos-beauty.com

Invoice

BILLED TO:
Clients Name
Address:
Phone:
Email: hello@reallygreatsite.com

INVOICE NO: #01234
Issue Date: 12/06/2024
Issue Due: 13/06/2024

NO	DESCRIPTION	PRICE	QTY	TOTAL
1	Item	100	2	$300
2	Item	100	3	$100
3	Item	100	1	$200
4	Item	100	1	$100
5	Item	100	1	$100
TOTAL				**$800**

ESCOS-BEAUTY
Address: 123 Street
City/ State/ Zip Code
Phone:
Email:

Subtotal	$800
Discount (10%)	$17
Total	$500
Tax (10%)	$27
Amount due	**$550**

PAYMENT INFORMATION
Bank: YourBank Name
Account Name: Avery Davis
Account No.: 123-456-7890
PayPal:

Thank You