

Art-Blend “Beauty Loyalty Program”

Thank you for considering joining “Beauty Loyalty Program”.

Every day I strive to help my customers do their best in achieving their beauty and personal goals. I am constantly looking for ways to provide exclusive services, products and savings.

Throughout all the years working in the beauty industry I have found that the biggest challenge to achieving and maintaining desired results for many is a lack of consistency in treatments and following daily skin care recommendations. In the midst of everyday life routines, carrier, and family it may be tricky to put our personal beauty needs before all other priorities. But think how important it is to look great and feel great. Our appearance is a key ingredient in creating a strong personal image. Looking good brings us confidence, joy, happiness. Positive emotions attract positive events to our life. Therefore personal beauty needs should be one of the top priorities, just like other daily routines in order to be successful in other aspects of our life.

I would like to offer my experience, expertise and support in achieving your personal and beauty goals. Become part of the Beauty Loyalty Program and enjoy the desired success!

This program was created for those who are loyal to their long-term Beauty goals. Many benefits await you:

- Price Specials and Packages ;
- Discounts on services
- Daily Beauty Deals
- 5% to 10% discounts on products(depending on the brand);
- “ Skin Care Secrets “weekly Newsletter;
- \$100 Gift Card monthly drawing;
- Products Monthly drawing

Please read the following terms and enroll in the Beauty Loyalty program by signing below.

I (initial) _____ understand that in order to receive the benefits I must maintain my active status and I agree to:

- Adhere to my treatment plan;
- Schedule my next appointment at the time of checking out or no later than 3 days;
- Remember and promptly show for my appointments;
- Avoid cancelations or rescheduling;
- Follow home care instructions and recommendations;
- Promptly notify in case of health, family, financial circumstances are require to modify or discontinue my treatments.
- Share my successful experience with others by referring or writing an on-line or newsletter reviews.

I (initial) _____ understand that my membership status will become inactive if I will stop or discontinue my treatments for more than 3 months.

First Name _____ Last name _____

Signature _____ Date _____

Approved by Nataliya _____ Date _____ ID assigned: _____