

# Professional Make-up Application Contract

Please print, sign and mail to the address listed below.

Rae C. Bills agrees to provide Professional Make-up Application service(s) for the photo shoot on the \_\_\_\_\_ day(s) of \_\_\_\_\_, 2005 starting at \_\_\_\_\_ ending at \_\_\_\_\_ (if photo shoot exceeds specified time, arrangements can be made at that time and price will be negotiated)

Location of photo shoot

is \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# of Location is \_\_\_\_\_

Name of Photographer \_\_\_\_\_

Name of Additional Contact \_\_\_\_\_

Cell phone# of Photographer is \_\_\_\_\_

Additional Phone# is \_\_\_\_\_

For the amount of \$ \_\_\_\_\_

Deposit (50%) \$ \_\_\_\_\_

Special arrangements \_\_\_\_\_

Please designate the "look" to be used in photo shoot

A check will be accepted for deposit but remainder of fees must be paid in cash or certified check. Unfortunately, this is due to some circumstances in the past. Therefore, thank you for taking care of this before photo shoot is performed. Once signed below, no changes can be made in this agreement, and it cannot be canceled. In the event that the undersigned wishes to cancel the service or that the service cannot take place through no fault of "Artist"; by reasons other than those stated about the undersigned remains liable for the total amount above. If the "Artist" for some reason such as death, sickness, or accident beyond their control: She/He will not be held responsible and deposit will be returned. The artist can not be held responsible for any possible reaction or allergy caused by any products including but not limited to cosmetics, false eyelashes, eyelash glue, or artist's tools used by

the artist.

**This contract is therefore considered by both said parties to be legal and binding in accordance to the conditions set forth herein.**

Signed \_\_\_\_\_ Photographer  
Print \_\_\_\_\_  
Dated \_\_\_\_\_

Signed \_\_\_\_\_ Make-Up Artist  
Print \_\_\_\_\_  
Dated \_\_\_\_\_

**MAILING ADDRESS IS:**

**Rae C. Bills  
P.O. Box 621  
Royal Oak, Mi 48068  
248-730-0623**