Agreement to Smart-Pay for Hair services

This is a contract that you (client name signed below), promise to pay (with
NO EXCEPTIONS); the remaining amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,after the initial payment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This payment is automatically due exactly 30 days after your first payment. Your agreed due date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is 30 days after hair services are provided. Under NO CIRCUMSTANCES, I agree that I will not be late making this payment.

\*If for any reasons the payment method you provided declines or is not paid on time, I (the client) agree that $10 per day will be added to the amount agreed until the payment is made.
\*After 15 days of non-payment (an accumulation of up to $150 in late charges), the client will be sued (The remaining balance in addition to any late fees); for neglecting to make final payment as promised.

By providing my ID number, method of payment and signature, this document is now a legal contract.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness/Name of who provided the hair services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_