

all about you Prepayment Required Policy

all about you is a Wellness Center/MedSpa staffed by highly-trained, motivated, and compassionate professionals. We are a service-based profession, meaning your technician is compensated by performing services and then also possibly by receiving a gratuity from you for a service well done.

What that further means, is when you schedule an appointment, your technician has made themselves available, solely to you, for the period of time required for your requested service.

When you forget your appointment or fail to cancel with enough notice: your technician loses their compensation because they are no longer providing a service, we miss out on an opportunity to fill that time slot, and our standby clients miss the chance to receive our services.

Since we realize it is easy to forget an appointment made possibly weeks or months in advance, we send out text reminders the day before and the day of your appointment.

We understand your time is valuable. And so is ours. Out of respect for our staff and clients, we require a 24-hour cancellation notice.

Based on your appointment history and our desire to support our technicians and better serve our established and future clients, we will require that for a minimum of one year, you keep sufficient funds on your account at ***all about you*** in order to book appointments.

This can be accomplished by either pre-paying for your appointment at the time of booking, participating in one of our Membership Programs and/or by having funds in place on your account. Payment will be deducted for the scheduled service if you fail to show up or cancel less than 24 hours prior to the time of your scheduled service.

Exceptions to this policy can only be made by the General Manager and requests can only be made via email to info@ALLaboutYOUolutions.com.

We do appreciate you as a client, so please allow us to continue making it ***all about you!***

I understand and accept the conditions set forth above detailing the requirements for prepayment of any future appointments.

Client Signature: _____

Client Name – Printed: _____ Date: _____

Staff Member to Receive: _____