



### Contact Authorization Form

I allow BrowSmith Microblading Co. to contact me with appointment reminders, missed appointment notifications, birthday/holiday cards, information about additional services, and promotions via phone, email, and post.

If BrowSmith Microblading Co. contacts me I would like them to use the following:

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

If I am unable to answer, I allow BrowSmith Microblading Co. to leave:

\_\_\_\_\_ a text message \_\_\_\_\_ voice mail

In case of an Emergency please contact the following person:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Client Name Printed

Client Signature

Date