

Please print and mail or fax with payment to schedule an appointment:

## Skin Illustrations, Inc.



Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Today's Date \_\_\_\_\_

### DESCRIPTION OF THE TATTOO IDEA OR A ROUGH DRAWING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Size of the  
Tattoo by Square inches \_\_\_\_\_

Placement of the Tattoo  
Indicate Right or Left \_\_\_\_\_

If Approximate Price  
Range is Needed \_\_\_\_\_

Please Indicate Here: \_\_\_\_\_

Minimum charge is \$60.00

If no deposit is paid; this is just a written estimate, good for 6 months from today's date.

Quote only

We will not do any artwork or schedule any tattoo appointment.

Minimum deposit or 25% of estimated cost is required on scheduled appointments.

Deposits are applied to your estimated cost.

### ARTIST'S NOTES

Artwork Due Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
For Customer Approval

Appointment Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Estimated Appointment Time  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Standby \_\_\_\_\_

Attachments:

Cover Up Tracing  Estimated Cost \_\_\_\_\_

Drawing Ideas  Paid Deposit \_\_\_\_\_ Cash  Charge  Check

Photo  Balance Due \_\_\_\_\_ Paid up  Charge  Check