

**Office Use:**

											<b>TOTAL</b>

**Details Of Applicant:**

Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Licence / ID Number: \_\_\_\_\_

**Employment Details:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ Period Of Employment: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Details Of A Relative:**

Full Name: \_\_\_\_\_

Relationship To Applicant: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Details Of Someone Who Is Not A Relative:**

Full Name: \_\_\_\_\_

Relationship To Applicant: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Reference 1:**

Full Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

**Reference 2:**

Full Name: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

**Terms & Conditions  
For Get Tattooed Today & Pay Later Interest Free Terms**

I \_\_\_\_\_,  
acknowledge that I am entering into an agreement with **Jaffa's Tattoo Pty Ltd.** I  
accept an agreement with tattoo price of \$\_\_\_\_\_ and agree to pay  
\$\_\_\_\_\_ per week by \_\_\_\_\_.

I also understand if I fail to make this payment to contact the office on 55 343 211  
and make arrangements for alternative payment/s. If I fail to make the payments  
in full I will be charged a \$200 break of terms fee by Jaffa's Tattoo Pty Ltd and in  
no way I will be charged anymore than the price of the tattoo unless I break these  
terms.

I acknowledge Jaffa's Tattoo Pty Ltd has done this tattoo with both us of agreeing  
to these terms and I have signed this agreement on my own free will with no  
pressure from Jaffa's Tattoo Pty Ltd.

**Client:**

Name: \_\_\_\_\_

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

**Client Witness:**

Name: \_\_\_\_\_

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

**Jaffa's Tattoo:**

Name: \_\_\_\_\_

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