

CUSTOMER INFORMATION FORM

I have turned 16 years old. _____ **YES** _____ **NO** _____
(The age limit for nipple and intimate piercings is 18 years.)

I have HIV/AIDS, hepatitis or another blood-borne disease _____ **YES** _____ **NO** _____

I am under the influence of intoxicating substances _____ **YES** _____ **NO** _____

I take blood-thinning medications _____ **YES** _____ **NO** _____

I agree to add myself as a loyal customer _____ **YES** _____ **NO** _____

The customer is responsible for the aftercare of the piercing. In case of any problems, the piercer is contacted. The customer must follow the care instructions given to him/her.

The customer confirms by signing that the information provided is correct.

Piercing location: _____

Customer name: _____

Date of birth: _____

Phone no: _____

Email: _____

Hometown: _____

Day: _____

Signature: _____

Guardian's consent is required for those under 16 years of age!

Guardian's name: _____

Guardian's phone number: _____

Guardian's signature: _____