

[Your Company Letterhead]

[Date]

[Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

**\*\*Subject: Service Agreement for Eyelash Extension Services\*\***

This Service Agreement ("Agreement") is made and entered into as of [Start Date] by and between [Your Company Name], located at [Your Company Address] ("Company"), and [Provider's Name] ("Provider").

**\*\*1. Services Provided\*\***

The Provider agrees to offer eyelash extension services as specified below:

- Type of services: [List specific services]
- Duration of each service: [Specify duration]

**\*\*2. Compensation\*\***

The Company agrees to compensate the Provider at a rate of [Amount] per service performed. Payments will be issued on a [weekly/bi-weekly/monthly] basis.

**\*\*3. Responsibilities of the Provider\*\***

The Provider agrees to:

- Ensure all services are performed in accordance with the highest standards.
- Maintain necessary certifications and licenses.
- Follow the Company's policies and procedures.

**\*\*4. Term and Termination\*\***

This Agreement shall commence on [Start Date] and continue until [End Date], unless terminated earlier by either party with [Number of Days] written notice.

**\*\*5. Confidentiality\*\***

Both parties agree to maintain the confidentiality of proprietary information exchanged during the term of this Agreement.

**\*\*6. Governing Law\*\***

This Agreement shall be governed by the laws of the State of [State]. Please sign below to indicate your acceptance of the terms outlined in this Agreement.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

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**\*\*Provider's Signature\*\***

[Provider's Name]

[Date]

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**\*\*Witness Signature\*\***

[Witness's Name]

[Date]