

Authorization Agreement for Recurring Electronic EFT/Debit Charge

Client Name:
Address:
Phone: Email:
Classic Membership
Monthly Charge/Debit Amount: $\$65.00$ for at least 4 charges totaling $\$260.00$
Includes: 2 tans per month + 10% off sunless tanning products
This authority is to remain in effect for a MINIMUM of 4 payments (totaling the amount listed above). All change or cancellation requests must be applied for at the contracting studio, in person. Any membership cancelled before a minimum of 4 payments (or before the contracted amount has been met) will be charged an early cancellation fee of equal to 2 monthly charges.
I understand and agree to the following: (initial)
1. There will be a charge of \$10.00 for any declined or rejected payments and this fee will be automatic.
2. All payments/fees will be automatically debited every 30 days from the start of your contract without any advanced notice or receipt.
3. All cancellations or changes must be done in person at least 7 days prior to your next debit.
4. This is a TERM CONTRACT that will automatically convert to an OPEN-ENDED contract.
5. Unused tans do not roll over to the next month.
Please note:
You are responsible for booking your own appointments via the web-based scheduling platform available our website.
No Shows or Cancellations within less than 24 hours of scheduled appointment will result in loss of session.
Paint It Bronze Tanning reserves the right to cancel any membership at any time
I have read, understand, and agree to be bound by the information, terms, and conditions listed above.
Client Signature: Date:



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Cardholder Name:				
Card Number:				
Expiration Date:		CVV:		
Monthly Charge/Debit	Amount: \$65	5.00 for at least 4 charg	ges totaling \$260 .	.00
Date of 1st charge:		Any months Prepaid:		
Frequency of Payments: Monthly		Day of monthly debit:		
I would like to add a mo	onthly gratuity	y in the amount of:		
Total amount to be debite	ed each month:			
I hereby authorize Paint I it is to be saved on file via		-	arge/debit to my Cre	edit Card Account and
Client Signature:				
Print Name:				
Date:				

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