

SALON BELLISSIMA

AUTHORIZATION AGREEMENT FOR RECURRING ELECTRONIC ACH DEBIT

NAME _____

Address _____ City _____ Zip _____

Home Phone _____ Cell number _____

DOB _____ Email _____

MEMBERSHIP AGREEMENT • Waxing Club •

I hereby authorize Salon Bellissima to initiate a debit to my Credit Card Account in the amount of and account indicated bellow. If this item is returned unpaid, I authorize an additional decline fee in the amount of 15.00 to be charge to this account. **(Clients Initials _____)**

Payment Information

ACCOUNT NAME: _____

ACCOUNT TYPE: () MC () VISA () AMEX

ACCOUNT NUMBER: _____

Monthly Debit Amount: _____

Frequency of Payments: _____

Date of first Debit: _____

Today's date is: _____

This authority is to remain in effect for a **MINIMUM OF 02 DEBITS OF _____** after completion of your 02 contractual debits, this contract will automatically continue on a month to month basis. If you **do not want to continue**, you must cancel a the contracting salon in person on or before the 25th of the month and after your 2nd debit of _____. **Phone cancellations will not be allowed.** Any membership cancelled before a minimum of 02 months will be charged an early cancelation fee equal to 1 month debit. All debits are transmitted on/after the first of each month. **(Clients Initials _____)**.

I UNDERSTAND:

1. Membership fee are **NOT REFUNDABLE** and **NOT TRANSFERABLE**.
2. All debits, whether approved or declined, are performed **without notice or receipt**.
3. **Membership valid at this salon only.**

**** SIGN **** _____

I have read and understand the 3 items above without question.

I have read, understand and agree to be bound by the information, terms and conditions listed above.

Customer signature _____ **Date** _____