

Tranquil Existence Wellness Program Agreement

Member's Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail Address: _____

Please select your monthly program and payment

- (1) 60 minute session each month \$49.00
- (1) 90 minute session each month \$69.00
- Other _____

Program Benefits

*As a member you and your loved ones will receive up to 4 sessions per month at the same low hourly price per session. If for any reason you are unable to receive your prepaid massage, we encourage you to share it with a loved one before it expires. You also receive the same low rate when you purchase Gift Certificates for those special occasions.

*No start up or cancellation fees. You may cancel at any time with 30 days written notice.

*On your birthday you will receive a free gift or upgrade as a gratitude for allowing us to serve you.

Agreement Terms

Please initial that you agree and understand the following...

_____ Your program enrollment date starts the date of this agreement. The initial term of your program is 12 months. Following the initial term, your program will automatically continue on a month-to-month basis at the same rate until your program is canceled or terminated as provided in this agreement.

_____ You have from the 1st of each month through the 15th of the next month to utilize your massage(s). It is your responsibility to schedule and utilize or share each massage(s) in your program. Failure to utilize your massage(s) in the agreed upon time, by you and Tranquil Existence will result in the loss of that/those massage(s). There are no appointment "roll-over(s)" into the subsequent months of your plan unless under special circumstances determined by Tranquil Existence.

_____ You may cancel your appointment without charge anytime before the close of business on the operating day preceding your appointment. Same day cancellations can be charged \$10. If you do not call or show for your scheduled appointment, the result could be the loss of the massage credit for that month/week.

By signing below, I authorize Tranquil Existence to charge my debit / credit card. The monthly payment will be withdrawn on the **1st** _____ or **15th** _____ day of each month. **Visa** **MasterCard** **Discover** **American Express**

Account Number: _____ CVS# _____

Expiration: _____ Zip Code _____

Authorization Signature _____

I have read and agree with the terms provided in the agreement.

Signature: _____ Todays Date: _____