



SALON BELLISSIMA

AUTHORIZATION AGREEMENT FOR RECURRING ACH DEBIT

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

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 form is returned unpaid, I authorize an additional decline fee in the amount of \$15.00 to be charge to this account. (Client 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 the contracting salon in person on or before the 25th of the month 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 of equal to 1 month debit. All debits are transmitted on/after the first of each month. (Client 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 _____