

The Massage Club

I, _____, hereby authorize Eclips Salon to initiate debit entries to the credit card account indicated below and Credit Card Company to debit such account. I understand that this authorization will remain in full force and effect for ____ months.

Client Name:

Date:

Complete Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Starting month of the Automatic Debit:

Monthly Amount:

Your monthly club payment will be withdrawn on the 1st of every month. Massage Club requires that you are responsible to schedule your monthly appointments. Eclips Salon accepts Visa, MasterCard, or Discover for the massage club payment.

Name on account:

Card Type and Number:

Expiration:

CVV:

- ◆ Eclips Massage Club is **non-transferable** (with the exception of Husband and Wife ONLY)
- ◆ Massages **may not** be carried over into the next month.
- ◆ Any missed or canceled appointments without a 24-hour notice will result in the loss of the canceled massage.
- ◆ If your charge card is declined or rejected, there will be a **\$25.00 Fee** for for reprocessing your transaction.

I, _____, fully agree to all the terms and conditions of the Eclips Massage Club provided within the Eclips Salon contract.

Client Signature:

Witness:

Date:

Date:

Monthly Membership Fees

- ◆ **12 MONTHS** Massage Club Membership is \$45 per month. We will debit your account on the 1st of each month. Please be responsible to schedule your monthly appointment in advance.
- ◆ **6 MONTHS** Massage Club Membership is \$50 per month. We will debit your account on the 1st of each month. Please be responsible to schedule your monthly appointment in advance.