

Pedicure 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:

Address:

City:

State:

Zip:

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Your monthly club payment will be withdrawn on the 1st of every month.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

Name on account:

Card Type:

Card Number:

Expiration:

CVV:

Billing Zip Code:

Eclips Pedicure Club is **non-transferable**

Pedicures **may not** be carried over into the next month.

Any missed or canceled appointments without 24-hour notice will result in the loss of the canceled pedicure.

If your charge card is declined or rejected, there will be a **\$25.00 Fee** for reprocessing your transaction.

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

Client Signature:

Witness:

Date:

Date:

Monthly Membership Fees

12 MONTHS

The Yearly Pedicure Club Membership is \$40 per month. We will debit your account on the 1st of each month. Please be responsible for scheduling your monthly appointment in advance.

GEL POLISH

Additional \$5 charge per month.

MEDI-HEEL ADD ON

Additional \$15 charge per month.