

YOGASOURCE

STUDIO SPA BOUTIQUE

Monthly Auto Renew Memberships Credit Card Form Agreement

Circle: Visa Mastercard

Card Number: _____ Exp: _____ / _____

First Name: _____ Last Name: _____

Billing Address: _____

Phone: _____ Email: _____

Type of Membership: 8x a month (\$79) 12x a month (\$94) Unlimited (\$119)

First Date on Membership (please check attendance history for unpaids): _____ / _____ / _____

The fine print:

1. I understand that the second charge for this month will be pro-rated to pay through the rest of next month. I understand that I will be billed automatically on the first of every subsequent month for the full amount above
2. I understand that I am committing to a MINIMUM of 6 payments in addition to the pro-rated charge.
3. I understand that if I do not cancel by email once the 6 payments have been processed, the automatic billing continues.
4. I understand that there are no refunds once a charge has been processed.
5. I understand that I should not purchase the membership online or I will be double billed.
6. I understand that if I use up all my classes for the month, I will pay the drop-in rate for any other classes until the 1st of next month.
7. I understand that I can only freeze my membership in advance, by email to memberships@yogasource.com and up to 3 months a year, and only in monthly increments for a \$9 fee per month.
8. I understand that I can only pay the drop in fee while my membership is frozen.
9. I understand that I alone can use the classes allowed under this membership.

Signature: _____ Date: _____ Staff: _____

STAFF: Please make a copy of this Agreement prior to their signature. Please put original in the safe.

MUST BE FILLED OUT COMPLETELY (contact and credit card info)