

Credit Card Change for

PARKER DAY SPA STAY HEALTHY CLUB CONTRACT

I, _____, authorize \$49.95 or \$80.00 or \$69.95 or \$100 (circle one) to be charged to my credit card on the first of every month. This is a six month contract effective upon the date of signing. At the end of the six month period an auto renewal will be instated -- at this time you have the option of cancelling at any time for future months. You must commit to the first six months in order to receive the special price. **Please understand the cancellation of this club is your responsibility and may only be done upon completion of the six month commitment.**

Written cancellation form must be received **2 weeks** prior to club cancellation

Thank you for your understanding and cooperation. Facial Club or Massage Club

My signature authorizes Parker Med Spa to charge my credit card listed below (circle one) \$59.95 or \$90 on the first day of the month following the completion of this form. All policies and restrictions become effective on the date this form is completed and signed.

Signature _____ **Print Name** _____ **Date** _____

Home Address _____ **City** _____ **Zip** _____

Credit Card # _____ **Exp** ____/____ **CVV** _____

Phone Number _____ **(must)**

Email Address _____

OFFICE USE ONLY

Payment taken at desk date	1st Auto payment Date:	Facial or Massage?

Entered in to Mind Body _____

Date Entered _____