

## 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** \_\_\_\_\_

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#### OFFICE USE ONLY

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**Payment taken at desk date**

**1<sup>st</sup> Auto payment Date:**

**Facial or Massage?**

Entered in to Mind Body \_\_\_\_\_

Date Entered \_\_\_\_\_