



2785 Jefferson Davis Hwy.  
Suite 119  
Stafford, Va. 22554

### Recurring Payment Authorization Form and

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

#### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

#### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

#### Please complete the information below:

I \_\_\_\_\_ authorize **Rejuvalase** to charge my credit card  
(full name)

indicated below for **\$59** on the \_\_\_\_\_ of each **month** for 12 consecutive months for payment of my  
(day or date)  
**Rejuva-Preferred Membership .**

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### Checking/ Savings Account

Checking       Savings

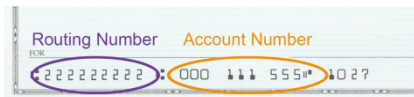
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



#### Credit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**TERMS OF PAYMENT**

I understand that this authorization will remain in effect for 12 consecutive months. After this point, I will be automatically renewed until I cancel my membership in writing. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Insufficient Funds (NSF) I understand that Rejuvalase may at its discretion attempt to process the charge again within 30 days and/or will use my secondary method of payment to collect. I also agree to pay a \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

I certify that I've read the Terms of Payment above and authorize Rejuvalase to debit my account each month for the term and amount outlined on the payment authorization form.

Member's Name: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Rejuva-Preferred Membership Program

## Rejuva-Preferred Membership

2785 Jefferson Davis Hwy.

Suite 119

Stafford, Va. 22554

540.720.8881

[www.rejuvalase.com](http://www.rejuvalase.com)

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Tel: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Member Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Your enrollment date is: \_\_\_\_\_

*Your membership is renewable and will do so automatically 12 months from your enrollment date unless you cancel in writing as described under "Terms and Conditions". Your rate will not change unless you or Rejuvalase cancels your membership or you choose to upgrade your membership should this option become available. After your initial 12 month enrollment, your membership will be on a month to month basis and can be canceled at the end of each 30 day bill cycle. This month to month membership will be bound by the same terms and conditions as the 12 month.*

## TERMS AND CONDITIONS

**By initialing the sections below, you're acknowledging that you've read and agree to their terms and conditions.**

### Definitions:

"Rejuvalase MedSpa", "The DaySpa at Rejuvalase", and "Salon Rejuvalase" will be referred to as "Rejuvalase". "Day spa services" refer to those outlined on the day spa service menu. "I" and "Member" refers to the individual who completes this agreement. "Trades" refer to day spa services that are equal to or greater than the monthly membership service which the member elects to trade in his/her monthly service for. Members who trade understand that they are responsible for any difference in pay and must pay this at the time of service. "Add-ons" refer to any services received at the time the member receives their monthly treatment (ie-an eyebrow wax or body scrub). \_\_\_\_\_ (initial that you've read)

### Termination by Rejuvalase:

Rejuvalase may terminate the membership or deny re-enrollment if Member has an unsatisfactory payment history or if Member fails to follow Rejuvalase's policies and procedures for using the facility. All termination notices must be in writing and will be sent to the Member's address on file. Member is responsible for all monthly fees incurred until the termination becomes effective. Rejuvalase is not obligated to refund any monies paid.

\_\_\_\_\_ (initial that you've read)

**Termination by Member:**

Member may terminate their membership after the 12 month period has expired by doing so in writing and 2 weeks before their next billing cycle. Termination will take effect by the next bill date. \_\_\_\_\_(initial that you've read)

**Refunds:**

Rejuvalase has a no-refunds policy which includes memberships. In cases of a Member's demise or other extenuating circumstances, this policy may be reconsidered by management. \_\_\_\_\_(initial that you've read)

**Cancellation:**

Rejuvalase requires a minimum of 24 hours cancellation for appointments. Member appointments not cancelled within this time period will be charged \$25 for first and second offenses. Any additional offense will result in the loss of the Member's monthly service. If this service was already used during the month in which the 3<sup>rd</sup> offense occurred, Member's will be required to pay in full for the service they were scheduled for. \_\_\_\_\_(initial that you've read)

**Billing:**

Rejuvalase will debit or charge the Member's account monthly for 12 months on a date selected by the Member. The Member's primary account will be charged first. If Rejuvalase is unable to obtain funds from this account, Rejuvalase may, without notification, debit or charge the Member's secondary account. Should an account become past due, Rejuvalase reserves the right to report Member to a collection agency and/or file with small claims. \_\_\_\_\_(initial that you've read)

**Information:**

Member agrees to provide Rejuvalase with current, accurate, and updated contact and billing information. \_\_\_\_\_(initial that you've read)

**Exclusions:**

Members are not permitted to share their membership discounts and/or treatments with others except for those outlined on the membership description. While body treatments are permissible as trades, **Reflexology services are excluded** from this list. **Spa Sojourns are excluded** as trades as well. \_\_\_\_\_(initial that you've read)

**Disclaimer/Liability:**

Except where prohibited by law, member agrees that Rejuvalase and each of their respective employees, officers, directors, shareholders, members, partners and agents will not be liable for any theft or personal property, accident, injury including without limitation, personal, bodily or mental injury, economic loss or any damages to member, whether resulting from negligence or otherwise. \_\_\_\_\_(initial that you've read)

I certify that I have read and agree to the terms of this membership.

Member Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

