

Hands That Care
Care Massage
Month-to-Month Agreement

First Name: _____

Address: _____

Last Name: _____

City: _____

Contact Phone#: _____

State: _____ Zip: _____

(Cell# is preferred for text or call appointment reminder)

Terms and conditions:

1. \$49____ OR 2. \$59____ , +\$1 for a "Signature Package" upgrade (\$65 value)

Membership is Month-to-Month Pre-Paid customized 1 Hour massage OR 1 European facial, allowing clients to receive the greatest discounts on massage and other services. Member's Friends and Family are welcome to enjoy any of our services and treatments at a 40% off the regular pricing.

This is a month to month Agreement.

On **1st** OR 15th of every month Pre-paid amount is billed automatically, until cancelled in accordance with this agreement. Plan dues are due regardless of attendance.

Paid fees accumulate, if Client is not able to visit the clinic during any given month, amount paid will carry over to the following month(s). Any Credits and Dues paid are not refundable.

Cancellation:

Month-to-Month agreement may be cancelled at any time. A **written** Cancellation must be made **by email or in person**. Upon cancellation notice regardless of date of month, one additional monthly dues is billed.

Client will enjoy Plan discounts till the last day of billed month, after which, any remaining credit may be applied to regular pricing of services. Upon request such Credit is loaded on to a Gift Card.

Forced cancellation due to failed recurring payment is subject forfeit any remaining credit.

Clients may cancel a service appointment at any time before the close of business day prior to appointment day, to avoid to being charged. **No call No show for scheduled appointment is subject to being charged full price.**

By signing below, I authorize Care Massage, inc. to create a reoccurring charge from:

1. Checking Account via the "Voided" Check OR 2. Debit/Credit card account, which I have specified for monthly dues. I authorize Care Massage inc. to charge my bank account in lieu of presenting the card at the point of sale, at my request.

I acknowledge receiving and reading a completed copy of this agreement.

NEW Member Signature: _____

Date: _____

Care Massage Rep. Signature: _____

Date: _____