



LASH HAUS BY OTTO + GRAND LASH EXTENSION MEMBERSHIP 2022

I/WE DESIRE TO BECOME MEMBERS OF THE LASH HAUS BY OTTO + GRAND, 6-MONTH LASH EXTENSION MEMBERSHIP AND HEREBY PROVIDE THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION:

1. NAME _____ / ____ / ____
LAST FIRST DOB

2. NAME _____ / ____ / ____
LAST FIRST DOB

ADDRESS _____

PHONE NUMBER _____

EMERGENCY CONTACT _____
LAST FIRST

PHONE NUMBER RELATIONSHIP

MEMBERSHIP TYPE _____
MEMBER ONE

MEMBER TWO

FEES + DUES

ENROLLMENT FEE: TO ESTABLISH AND QUALIFY FOR MEMBERSHIP, MEMBER(S) AGREE TO PAY A ONE-TIME ENROLLMENT FEE OF \$75. THIS ENROLLMENT FEE IS NON-REFUNDABLE AND WILL NOT BE CHARGED AGAIN IN SEQUENTIAL MEMBERSHIPS.

MONTHLY DUES: TO ESTABLISH AND QUALIFY FOR MEMBERSHIP, MEMBER(S) AGREE TO PAY A MONTHLY DUE OF \$125 EACH MONTH, FOR THE TERM OF 6 MONTHS. MEMBER(S) AGREE(S) TO ALLOW LASH HAUS, LLC TO ELECTRONICALLY DEBIT \$100 FROM THEIR CREDIT CARD ON FILE AND FOUND BELOW, THE _____ OF EVERY MONTH FOR THE NEXT 6 MONTHS, EXPIRING _____/_____/_____.

CREDIT CARD INFO:

NUMBER: _____

EXPIRATION DATE: _____

CVC: _____

POSTAL CODE: _____

IN THE EVENT WE ARE UNABLE TO PROCESS PAYMENT ELECTRONICALLY FOR MEMBERS' MONTHLY DUES, MEMBER(S) WILL BE NOTIFIED AND PAYMENT MUST BE MADE BY OTHER MEANS, NO LATER THAN ONE WEEK AFTER IT WAS DUE TO MAINTAIN MEMBERSHIP(S). IF PAYMENT IS NOT MADE WITHIN ONE WEEK, MEMBERSHIP(S) WILL BE CANCELED AND THE REMAINDER OF THE CONTRACT WILL BE FORFEITED, UNLESS A \$75 REINSTATEMENT FEE IS MADE. IF REINSTATEMENT FEE IS RECEIVED, WITH THE MISSED MONTHLY PAYMENT OF \$120, MEMBERSHIP(S) WILL BE REINSTATED FOR ANOTHER 6 MONTH AGREEMENT.

REINSTATEMENT FEE: _____ RECEIVED BY: _____ / ____ / ____

DATE

PLEASE INITIAL

_____ I UNDERSTAND THAT ALL ENROLLMENT FEES AND MEMBERSHIP DUES ARE SUBJECT TO APPLICABLE STATE SALES TAX.

_____ I UNDERSTAND THAT ALL AGREEMENTS ARE FOR THE PERIOD OF 6 MONTHS AND WILL AUTOMATICALLY RENEW UNTIL CANCELLED BY MEMBER(S).

_____ I UNDERSTAND THERE IS A 2 WEEK GRACE PERIOD TO CANCEL AUTO-RENEWED MEMBERSHIPS, OR THERE WILL BE A \$150 CANCELLATION FEE.

_____ I UNDERSTAND I MUST HAVE AN ACTIVE CREDIT/DEBIT CARD ON FILE WITH LASH HAUS, LLC AT ALL TIMES TO MAINTAIN MEMBERSHIP BILLING REQUIREMENTS.

ACCEPTANCE + AGREEMENT

I/WE HEREBY AGREE TO ACCEPT AND ABIDE BY THE TERMS OF THIS "LASH HAUS BY OTTO + GRAND LASH EXTENSION MEMBERSHIP". I/WE UNDERSTAND THAT THIS MEMBERSHIP AGREEMENT IS FOR THE TERM OF SIX (6) MONTHS, AND WILL CONTINUE HEREAFTER TO AUTO-RENEW IF NOT CANCELED WITHIN TWO WEEKS OF BEING RENEWED.

INITIALS

I/WE HEREBY AUTHORIZE LASH HAUS, LLC TO EFFECT PAYMENT FOR MONTHLY DUES AND APPROVED MEMBERSHIP CHARGES FOR THE DURATION OF MY/OUR MEMBERSHIP(S) THROUGH SCHEDULICITY.COM. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL LASH HAUS, LLC HAS BEEN NOTIFIED IN WRITING (EMAIL, FAX, ETC.) BY ME, MEMBER(S), BEFORE THE CONTRACTUAL END DATE OR WITHIN TWO (2) WEEKS OF AUTO-RENEWED MEMBERSHIP.

INITIALS

MEMBER _____ / _____ / _____
NAME DATE

MEMBER _____ / _____ / _____
NAME DATE

ACCEPTED BY _____ / _____ / _____
NAME DATE