

Absolute Therapy, LLC

1147 Opelika Road, Suite A

Auburn, AL 36830

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www.auburnopelikamassage.com

ABSOLUTE THERAPY SPA MEMBERSHIP AGREEMENT

PERSONAL INFORMATION

Name:

Email:

Date of birth:

Phone1:

Phone2:

Current address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:

City:

State:

ZIP Code:

ADDITIONAL CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

MEMBERSHIP PAYMENT INFORMATION

Monthly Fee: \$70.00

Date to be drafted: 1st

16th

Card Type:

Card #:

Expiration:

CVC Code:

Zip Code:

I authorize Absolute Therapy, LLC, to draft the amount of my monthly spa membership from the credit card listed above. I understand that my account will be drafted on the due date indicated of each month until otherwise specified. I understand that I have the right to stop payment at any time after the first initial payment.

Sign:

Date:

UNDERSTANDING OF RULES AND REGULATIONS

I certify that I have read and understand the rules and regulations that were provided to me and I will comply with the consensus herein.

Sign:

Date: