

# Absolute Therapy, LLC

1147 Opelika Road, Suite A

Auburn, AL 36830

334.821.4700/auabsolutetherapy@gmail.com

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: \$60.00

Date to be drafted: 1<sup>st</sup>

16<sup>th</sup>

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: