 **ZEN MASSAGE**

**5520 S Van Winkle Expw – Murray –UT- 84117**

[www.zenmassage.net](http://www.zenmassage.net) / relax@zenamassage.net

Membership Agreement

Full Name: DOB: AGE:

E-mail: Phone: Gender: F / M

Street Address: City: State: Zip:
Emergency Contact: Phone: Relation:

 Membership Terms:

The undersigned is agreeing to enter into a contract of 12 sessions a year membership with Zen Massage, commencing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The undersigned hereby agrees to pay for this membership in monthly payments with the first payment of $60.00 until the membership is terminated. Monthly payments are due on the 1st of the month.

 According to Utah law, the undersigned has 3 days from the time and date of purchase of this original contract to cancel and receive a full refund.

 No termination fee is required.

 Minimum of first 3 monthly payments must be charged before cancellation of the agreement.

30 days written notice must be provided in order to cancel the contract.

 All past-due amounts will incur a $10 late charge after a 3-day grace period. All paid amounts are non-refundable. Failure to make payments as agreed may result in referral to an outside collection agency. The undersigned hereby agrees to pay fees for returned checks, returned ACH payments, declined charge card, and unpaid checks.

**Please Read and Sign below.**

1. I have read and understand the above contract text and agree with the interpretation of this contract as it has been explained to me.
2. I agree to purchase the 12 sessions a year membership for $60 today \_\_\_\_\_\_\_\_\_\_\_\_\_\_and subsequent payments of $60, as an automatic charge to my credit card, or automatic debit to my checking account each month for the term of the contract.
3. I authorize Zen massage to submit a one-time charge to my credit card or automatic debit to my checking account for any product or service rendered.
4. I herby certify that I am the holder of the credit card, or an authorized signer on the bank account detailed above.
5. By signing you agree to adhere to Zen Massages Cancelation and reschedule policy.

 Signature: Date:

**Billing information- once in the billing system, this information will be shredded.**

Card type: VISA / MASTER / DISCOVER / AMEX Card Number:

Exp. Date: CVV:

Billing address: (if different) City: State: Zip:

Name (as Printed on Card): Signature: