

MADE YA LOOK! SALON & SPA MEMBERSHIP APPLICATION

Monthly Membership Application

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell Phone _____

Email _____

Referred By: _____

Please enroll me in - (Please check the chosen option)

Peaceful Place Membership for \$79 per month for 6 months 12 months

Tranquil Wellness Membership for \$160 per month for 6 months 12 months

I understand and agree with the following terms and conditions of this membership:

- The membership monthly fee is specified above. As long as I am enrolled in this membership, this fee will be charged automatically to my credit card on the first day of each month. As long as my membership is paid in full, I will be considered a member in good standing.
- Each membership offers a set allocation of services per month. These services cannot be changed or carried forward into subsequent month(s) if unused.
- If you fail to provide 48-hour notice of reservation cancelation, the reservation will be forfeited for the respective month.
- This membership is non-transferable.

Spa Membership services do not include gratuities for your therapists.

Memberships may be purchased and redeemed at any time. There are no blackout or restricted days.

Membership pricing may not be combined with any other promotional offer.

- Memberships are 6 or 12-month term contracts. Made Ya Look! will automatically charge your credit card the first day of each month for 6 or 12 consecutive months. A cancellation fee of \$100 for the Spa Membership as applicable will be applied if a client chooses to terminate this contract prior to the term of 6 or 12 months _____ (Initial). I have to provide a 7-day notice of cancellation prior to the first of the month in which I wish my membership to be discontinued. I understand that, in order to successfully cancel this automatic charge, my 7-day notice of cancellation to Made Ya Look! must be in writing (via mail, or email).

Member Signature _____ Date _____

Credit Card Automatic Payment Authorization

I hereby authorize Made Ya Look! to charge my AMEX / Discover / Visa / MasterCard (please circle one) during the first week of each month in the amount specified above for the membership I have purchased.

My credit card information is:

Credit Card Number _____ Exp. Date _____ CVV code _____

Name as Printed on Card _____ Billing Zip Code _____

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that Made Ya Look! will automatically add a 5% processing fee to all declined charges.

Card Holder Signature _____ Date _____