

EURO LASER SERVICES, INC.

VIP LOYALTY MEMBERSHIP ENROLLMENT AND CREDIT CARD AUTHORIZATION

Full Name: _____ Male Female

Home Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: / / Preferred Method of Contact Number: () _____

Email Address: _____

Credit Card Number: _____

Expiration Date: ____/____/____ Security Code: _____ Billing Zip: _____

The undersigned ("CLIENT"), desires to become a member of **EURO LASER SERVICES VIP Loyalty Membership Program**, and agrees to the following terms and conditions:

- 1. PAYMENT OF MEMBERSHIP FEES. All payments to Euro Laser services are final.
- Monthly Draft Payment for a minimum of 6 Months: Under this option, a payment in the amount of \$149.00, or \$298 for VIP Gold, must accompany this Application.

Member agrees to pay the \$149.00 or \$298 monthly membership fee each month beginning _____ through automatic withdrawals from an account maintained by Member in a financial institution (credit card or checking account)

2. TERM. All memberships of Euro Laser Services are for a minimum of 6 months and continue. Payments are due on the 1st or 15th day of each month indefinitely until cancellation by member or by Eurolaser Services. Automatic drafts will not be cancelled without thirty (30) days written notice, either by email, or hand-delivery to the office of Euro Laser Services. An early cancellation fee of \$270 will be levied if cancelled prior to the end date specified in the Monthly Draft section of this Agreement.

3. Benefit MUST be used within the month or transferred to a friend or family member (only ONE transferred treatment is permitted) Monthly can also be used towards product if service not done. As a courtesy, ONLY ONE MONTH is allowed to be suspended/held or rolled over per year.

4. GOVERNING LAW. This Agreement, and all documents mentioned herein by reference, shall be governed by the laws of the State of New York.

I certify that I have read the foregoing VIP Loyalty Membership Agreement, and that by signing below, I acknowledge that I understand and agree to be bound by all of the terms and conditions hereof. I further acknowledge that a fully executed copy of this Membership Agreement has been provided to me.

Member's Signature: _____

Signature of Euro Laser Services representative: _____

Date: _____

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