EURO LASER SERVICES, INC.

VIP LOYALTY MEMBERSHIP ENROLLMENT AND CREDIT CARD AUTHORIZATION

Full Name:		_ 🗆 Male	□ Female
Home Address: City	/: S	tate:	ZIP:
Date of Birth: / / Preferred Method of Conta	ct Number: ()	
Email Address:			
Credit Card Number:			
Expiration Date:/ Security Code:	Billing	g Zip:	
The undersigned ("CLIENT"), desires to become a member of land agrees to the following terms and conditions:	EURO LASER SER	RVICES VIP L	oyalty Membership Program,
1. PAYMENT OF MEMBERSHIP FEES. All payments to Euro Las	er services are fi	nal.	
☐ Monthly Draft Payment for a minimum of 6 Months: Under for VIP Gold, must accompany this Application.	this option, a pa	ayment in th	ne amount of \$169.00, or \$338
Member agrees to pay the \$169.00 or \$338 monthly member automatic withdrawals from an account maintained by Membaccount)	· ·	_	
2. TERM. All memberships of Euro Laser Services are for a min $1^{\rm st}$ or $15^{\rm th}$ day of each month indefinitely until cancellation by not be cancelled without thirty (30) days written notice, eithe Services. An early cancellation fee of \$370 will be levied if can section of this Agreement.	member or by Eor r by email, or ha	urolaser Ser nd-delivery	vices. Automatic drafts will to the office of Euro Laser
3. Benefit MUST be used within the month or transferred to a is permitted) Monthly can also be used towards product if ser 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 Membershi that I understand and agree to be bound by all of the terms a executed copy of this Membership Agreement has been provi	nd conditions he		
Member's Signature:			
Signature of Euro Laser Services representative:			
Date:			

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