



Simple Wellness

519 N. Charles St.
Lower Level
Baltimore, MD 21201

Automatic Package Payment Agreement

In order to establish your automatic payment plan, we will need to following information.

First Name: _____

Last Name: _____

Credit Card Holder's Name or Business Name Listed on the card:

Same as above Different from above

If different, please provide: _____

Credit Card Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Number : _____

E-Mail Address: _____

Credit Care Type:

Master Card Visa Discover

Credit Card Number: _____

Expiration Date: _____

3 Digit Security Code (found on the back of the card): _____

(Please go back and review the above credit card information for accuracy)

Date of Pre Payment 1: _____

Amount : _____

Date of Pre Payment 2: _____

Amount : _____

Terms and Conditions:

1. Payment in the amount of \$_____.00 will be charged to your credit card on the 1st and/or the 15th (please circle appropriately) day until _____, _____.
2. If the charge is declined for any reason, an attempt will be made to contact you to set up other arrangements.
3. First incident of non payment for any reason is a breach in contract, and may result in termination of the agreement.
4. Simple Wellness LLC has the right to terminate automatic payment service at any time, with written notice to client.
5. There is a two month expiration date from your last scheduled automatic deduction for each sixth month term. You are required to keep all credit card information and details current. Massage Therapy services may be gifted, with the client/original purchaser's verbal authorization and written initial sign off.

Renewals are not automatically done.

This agreement authorizes Simple Wellness LLC to automatically deduct the agreed monthly amount from the credit card referenced above. I declare that I am legally of age and mentally capable to give this authorization; and that the credit card information submitted above is mine to submit.

Customer Authorization: _____

Date: _____