

# HOLISTIC HEALTH & NUTRITION

1164 S Roselle Rd. Schaumburg IL 60193 • 847-301-0433 • [www.chiroholistic.com](http://www.chiroholistic.com)

## Massage Club Sign-Up Form

I, \_\_\_\_\_, enroll in the Holistic Health and Nutrition Massage Club for \$\_\_\_\_ per month.

I understand that I will be billed within 5 days of the \_\_\_\_ of each month until such time as I cancel my account.

I understand that there is a 90 day minimum commitment.

I understand that I need to give 30 days notice for cancellation.

I understand that, for the protection of my personal financial accounts, I need to submit any cancellation request ***in writing with my signature***. Typed emails are not considered signatures. A cancellation form is available on our website.

### Billing Information

Name as it appears on card:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_