HOUSEHOLD BIKRAM: TWELVE MONTH (AUTO-DEBIT) CONTRACT

_____ (AGREEMENT DATE)

Between: _____ (CLIENT NAME) and Bikram Yoga Chadds Ford for **UNLIMITED: TWELVE MONTH (AUTO-DEBIT)**.

Contract Start Date: _____

Contract End Date: _____

Contract Duration and Automatic Renewal:

Contract is in force for 12 months from the Contract Start Date, with automatic renewal for subsequent months, unless cancelled by either _____ (CLIENT NAME) or Bikram Yoga Chadds Ford, with notification of 30 days in advance of the next billing date.

Agreement to Pay Recurring Fees: _____ (CLIENT NAME) agrees to pay Bikram Yoga Chadds Ford monthly recurring fees as follows:

UNLIMITED: TWELVE MONTH (AUTO-DEBIT) for **$195/MONTH** via Client authorized automatic credit card or checking account ACH charges. Alternatively, Client may prepay six or twelve months in advance via any credit card, ACH, bank check or wire transfer. Payment in monthly increments by any means other than Client's credit card or ACH is not permitted.

Please read and sign below.

(a) I agree to purchase the **UNLIMITED: TWELVE MONTH (AUTO-DEBIT)** for **$195/MONTH**, as an automatic charge to my credit card, or automatic debit to my checking account each month for a contract period of **12** months.

(b) I hereby certify that I am the holder of the credit card, or an authorized signer on the bank checking account detailed below.

(c) I understand that I will be notified if my credit card or checking account payment fails to authorize for any reason, and that a $10 late fee will apply if I do not provide a valid credit card or checking account ACH information within 10 calendar days of the original rejection date.

(d) I understand that my service will be deactivated if my account becomes more than 30 calendar days late.

Signature: _____Date: _____

Printed Name: _____

CREDIT CARD INFORMATION

Credit Card Type: ___**VISA/MASTERCARD** _____ **AMERICAN EXPRESS** _____ **DISCOVER**

Card Holder Name: _____

Credit Card No: _____

Three-Digit Card Authentication Code: _____

Valid Thru Date(s): _____