

Get You In Shape Program Rates/ Contract Agreement Form

Client INFO

Please Print Clearly: Today's Date: _____/_____/_____

Client's Name (Last, First) _____ @ _____ e-mail Address

Clients' Current Mailing Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____
 Work Phone Home Phone

Get You In Shape Pricing Options – Pay in Full or Monthly EFT/Credit Card

Choose Which Option That You Want Month to Month M-W-F (We do not encourage this option)	Pay in FULL \$299	Monthly EFT or Monthly Credit Card \$299
3 Consecutive Months	\$567 (saving you \$108)	\$199/month (saving you \$78)
6 Consecutive Months	\$1,014 (saving you \$336)	\$179/month (saving you \$276)
12 Consecutive Months	\$1,788 (saving you \$912)	\$159/month (saving you \$782)
Family discount – for each add'l person \$35 off/month		

Electronic Funds Transfer Authorization /Installment Note

As a convenience to me, I authorize my Bank or Credit Card company to make payment to GetYouInShape.com, LLC. I agree that treatment of such payment shall be the same as if it were signed personally by me. I understand that cancellation of EFT authorization in no way relieves me of my obligation to fulfill all contractual obligations. For VALUE RECEIVED, I/We, or either of us, Promise to Pay to the order of GetYouInShape.com LLC, the amount of \$ _____ payable in monthly installments of \$ _____ due on the _____ 1st day of each month beginning _____, 20____. My failure to regularly attend boot camp does not relieve me of my obligation, regardless of the circumstances, to pay the installment note. I understand that it is not cancelable, otherwise described below. A \$25.00 service charge will be assessed for all rejected checks, credit card and EFT transfers, subject to appropriate state and federal laws. **HAVING READ ALL OF THE TERMS IN THEIR ENTIRETY**, I/we choose one of the two payment options and payment shall be made via the following methods:

- OPTION #1 Bank Draft For HCH Automatic Bank Draft

Name of Banking Institution _____ ABA Rounting # _____

Account # _____

OPTION #2 Credit Card or Debit Card Visa Master Card

Name as it appears on the card _____

Card # _____	Exp. Date _____	Code _____
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Billing Address on Card _____

The date your commitment begins is..... _____/_____/_____ Initial Investment: Cash Check Debit Credit

The initial commitment term is through... _____/_____/_____ Payment Schedule: Month to Month

Monthly Rate \$ _____ Paid in Full

Total Initial Investment..... \$ _____ Monthly Recurring \$ _____ for _____ months

X _____

Client's Signature _____ Print Name _____ Parent/Guardian Signature _____

Cancellation

You may cancel this Agreement within 3 days, exclusive of holidays and weekends, of its making, upon the mailing or delivery of written notice to GetYouInShape.com, LLC. You will receive a complete refund of all monies paid within 30 days after receipt of the notice of cancellation made within the 3-day provision. If you cancel this Agreement after the 3 day cancellation provision, prior to your notice of cancellation, you will owe the difference between the monthly discounted price paid and the month to month price. You may cancel this agreement if you become physically unable participate in the boot camp. Exact proof from a doctor with dates that you are unable to perform activity will need to be sent in with notice of cancellation. There will be no refund for the time period prior to you becoming disabled, however, if you paid in full you can request a refund on the months you have remaining on the Agreement or you can choose to have those months paid credited to you upon returning to boot camp. This Agreement is also cancelled upon your death. If you paid in full a full refund will be paid for the months remaining on the Agreement as of your date of death. You or your estate representative seeking relief under this paragraph shall provide proof of disability or death. A refund shall be issued within 30 days after receipt of the notice of cancellation made pursuant to this paragraph.

NOTICE OF CANCELLATION: Any notice of intent to cancel or termination by you under any provision of this Agreement must be delivered in person or by mail to GetYouInShape.com, LLC, P.O. Box 1159, Coppell, TX 75019. We assume no responsibility for mail not received if not sent by certified mail.

Return by mailing form in, scanning form and emailing it back, or bring form to boot camp
 P.O. Box 1159 ♦ Coppell ♦ Texas ♦ 75019 ♦ Tel: 214-603-8287
 Website: www.GetYouInShape.com ♦ email: Cynthia@getyouinshape.com