



300 W 39<sup>th</sup> Street, Vancouver, WA 98660 360-836-8482 wannetta@selahstudio.net

## Light Therapy Annual Agreement

Date: \_\_\_\_\_ Membership Level: \_\_\_\_\_ Payment: Prepaid  Monthly

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Referred by: \_\_\_\_\_

### **IGNITE I – 2 Sessions per Week Membership**

\$119.00 Monthly Payment

### **IGNITE II – 3 Sessions per Week Membership**

\$129.00 Monthly Payment

### **IGNITE III – 5 Sessions per Week Membership**

\$149.00 Monthly Payment

*Annual or 6 month agreement required*

Session Cancellation Policy: Please call 24 hours in advance if for some reason you are unable to make your scheduled apt. It is understood that emergencies happen but if last minute cancellations and/or no shows become disruptive to Selah Studio's schedule, Selah Studio reserves the right to charge \$35 per incident.

Membership Freeze: If you are going to be out-of-town, ill, or for any other reason know that you are not going to be able to use your membership for a minimum of 2 weeks at a time, Selah Studios will freeze your membership up to a maximum of 8 weeks.

Prepaid Fee will be billed to the card listed below on the 3rd of the month. This membership is in effect for \_\_\_\_\_ months beginning \_\_\_\_\_.

Monthly Membership Fee will be billed to the card listed below beginning on the 3rd of each month. This membership is in effect for \_\_\_\_\_ months beginning \_\_\_\_\_.

### **Credit Card Authorization**

Type of card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I hereby authorize Selah Studio to charge my card above per the terms of this agreement.

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