



ODINET SKINCARE MEMBERSHIP APPLICATION

An Odinet Skincare monthly membership is a way for us to celebrate your commitment to an individualized plan created by you and our expert aestheticians to slow the hands of time and preserve your youth.

Odinet Skin care offers two different types of monthly memberships to suit your individual needs.

_____Diamond Membership \$150/month

_____Elite Membership \$100/month

*Both require \$50. Initiation fee.

This is a month-to-month membership that requires NO minimum membership period. Membership is subject to a 30-day written cancelation notice.

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE: _____

EMAIL: _____

BIRHT DATE: _____



Odinet Skincare Membership Debit Authorization Form

I authorize Odinet Skincare to deduct \$_____ on the _____ day of each month from the below account to pay the monthly the Membership fee identified below. I understand that I am responsible for communicating any credit card changes directly to Odinet Skincare. Furthermore, I understand that I must provide a new card number in the event that this card becomes expired, or I change card providers.

I understand automatic drafts will not be cancelled without thirty (30) days' written notice (completion of cancellation form), either by certified mail, hand delivery to the management of Odinet Skincare, and I am obligated to pay by same or other method.

This authorization is remain in effect until Odinet Skincare has collected all of the charges assessed in connection with the terms of the agreement. I have the right to stop payments on automatic debit by notifying my bank. However, this does not void my agreement with Odinet Skincare to fulfill my payment commitment.

_____Diamond Membership \$150/month

OR

_____Elite Membership \$100/month

Odinet Skincare Account #: _____

Odinet Skincare Member Name: _____

Members Name as it appears on credit/debit card: _____

Billing Address: _____

Email: _____

Card #: _____ CVC#: _____ EXP. DATE: _____

Printed Name of Signor: _____

Authorized Signature: _____ Date: _____