

# Membership Agreement

THIS IS A MEMBERSHIP AGREEMENT between Simplicity and you, the undersigned client. Simplicity is agreeing to finance your laser hair removal treatments based upon the terms and conditions contained in this Agreement. By signing below, you represent to Simplicity that you are at least 18 years of age, or will have a legal guardian sign on your behalf, and that you have read and understand this Agreement, and that you agree to its terms.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

PHONE: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ DL EXP: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALT CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

Treatment Program: \_\_\_\_\_

1. Total Cost	\$ _____
2. Promotional Discount	\$ _____
3. Monthly Cost	\$ _____
4. # of Monthly Payments	_____
5. Due Today	\$ _____
6. Due Today Date	_____
7. First Recurring Draft Date	_____

CLINIC ID: \_\_\_\_\_

1st Appt. Date: \_\_\_\_\_

Contact Paramount Acceptance with any questions regarding your membership or billing at 1.800.748.4949 or customerservice@paramountacceptance.com.

BANK DRAFT

Name on Acct. \_\_\_\_\_

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

CREDIT/DEBIT CARD CHARGE

AmEx  Mastercard  Visa  Discover

Name on Acct. \_\_\_\_\_

Account # \_\_\_\_\_

CVC# \_\_\_\_\_

Exp. Date \_\_\_\_\_

TREATMENT AREAS/SPECIAL INSTRUCTIONS:

### TERMS OF PURCHASE

You have purchased laser hair removal services "services" for the listed body areas. Treatments may be spaced from 4-12 weeks apart, based on clinical standards determined exclusively by Simplicity. Treatment areas are not commutable and cannot be interchanged. By signing this Agreement, you verify and agree that you have consulted with a Simplicity representative and you have had the opportunity to discuss your questions, you understand that results are NOT guaranteed and most clients can experience hair reduction of up to 80% with a completed series of laser hair removal treatments but individual results cannot be predicted and the effectiveness of your treatments may be greatly diminished by a number of factors beyond Simplicity's control, including, but not limited to: UV light exposure prior to or after treatment, pregnancy, natural hormonal changes, medications you are now taking or may take in the future, and your diligence in completing the recommended treatment schedule; you understand what to expect from your treatments including the possibility that you may not achieve the desired results or that you may experience side effects including, but not limited to: hyperpigmentation (darkening of the skin), hypopigmentation (lightening of the skin), minor burns, temporary redness, follicular edema (pink/red "puffiness" and small bumps like "goosebumps"), swelling and itching; and you understand that your membership cannot be cancelled and that payments will not be refunded because you experience side effects or the lack of desired results.

You understand that all payment processing, customer service and collection of this contract will be handled by Paramount Acceptance. You hereby authorize Paramount Acceptance to draw items (checks, electronic fund transfers, charge cards) for the purpose of paying said payments, including any late fees or service fees from the account listed above.

**Member Policies:** Membership payments cannot be deferred. Treatments do not extend beyond the membership term. Simplicity does not guarantee a specific number of treatments during the term of membership.

**Cancellation:** Upon inception, your membership cannot be cancelled, refunded, or transferred, regardless of side effects, treatment results or changes in personal circumstances.

**No-Shows:** Your appointment times are reserved especially for you and you understand that Simplicity requires notification by 5pm the day prior to your appointment in order to cancel or reschedule. You understand that you will incur a \$20.00 automatic cancellation or no-show fee if you fail to keep your appointment and you fail to give the proper cancellation notice. This fee will be automatically charged to the account associated with your membership.

**Late Payments and Default:** You are agreeing to have Simplicity finance the cost of your membership over the term specified in this Agreement and you agree to timely make each payment for the duration of the term. A late payment fee of \$20.00 will be added to any payment that is more than 5 days late. You will not be eligible for membership benefits or further laser hair removal treatments until your account is brought current, including the payment of any outstanding fees or collection costs. If you fail to bring your account current within 30 days of this Agreement, together with all late fees, will be immediately due and payable. Default interest at an APR of 18%, or the maximum amount allowable by applicable law, shall accrue on such outstanding balance, until paid in full. In addition, you understand and agree that you will be responsible for all other fees, expenses and costs of collection associated with your failure to make any payment under this Agreement, including, but not limited to, returned check fees, reasonable attorney fees, court costs and other related costs and expenses.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT, INCLUDING THE RELEASE OF LIABILITY/ ASSUMPTION OF THE RISK TERMS ABOVE, AND THE MEMBERSHIP POLICIES STATED ON THIS AGREEMENT