

# Esthetic Brilliance Med Spa -Monthly Facial Membership Program

13547 N. Litchfield Rd. Suite 28 & 30, Surprise, Arizona 85379  
623-252-8977

Our monthly Facial membership program gives you the option to choose from 2 types of facials.

- Custom Facial \$60.00 per month.
- Geneo Oxygen Facial \$120 per month.

**Membership includes:**

- Monthly Customized Facial that includes extractions or derma plane upon client request or Geneo Oxygen Facial.
- If a client is unable to schedule in a particular month, the facial may be rolled over into the next month or it may be gifted to a family member or friend.
- We ask clients to commit to a term of 6 months. Clients will enter a month-to- month term thereafter.
- Clients must submit a cancellation request in writing.

**Membership Perks:**

- Free mini birthday facial
- 10% off the following services: Medical grade chemical peels, Micro-needling, Cosmetic Injections, & Laser Services.
- 5% off any retail product: Jan Marini Skin Research, Skin Medica, Latisse, AnteAgeMD & Bellame.

Your signature below indicates acceptance of this social media marketing proposal. Your initial payment per the terms above will also represent acceptance of this proposal, and entrance into a contractual agreement with AZ Web Consultants.

Company Name: AZ Web Consultants Representative: Adam Oken Business Address: 1204 E Baseline Rd Suite 106, Tempe Arizona. 85283. Date:  
Client's Company Name: Esthetic Brilliance Representative: Lisa Roberts

Client Name:		DOB:	
Address:			
City:	State:	Zip Code:	
<b>*****Credit Card Information (No Health SavingsAccounts)*****</b>			
Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex			
Cardholder Name (as shown on card):			
Card Number:		Security Code:	
Expiration Date:			

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

Your signature indicates acceptance of this monthly membership program with Esthetic Brilliance Med Spa and entrance into a contractual agreement with Esthetic Brilliance LLC.

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I, \_\_\_\_\_, authorize Esthetic Brilliance Med Spa to charge my credit card above for the agreed upon membership rate. I understand that my information will be saved to my file for future transactions on my account. Please ensure all fields are completed. This authorization will remain in effect until the client submits a request in writing to discontinue membership. It is the responsibility of the client to scheduled treatments. The payments will be processed on the same day each month. If payment is declined, there is a \$30 fee for every day the payment is not processed. Payments cannot be held or stopped without cancellation. If membership is canceled prior to the initial 6 month term, the card will be charged a \$200 cancellation fee.

Date:

Signature:

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

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