

Esthetic Brilliance Med Spa -Monthly Neurotoxin Membership Program

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

Our monthly Botox / Xeomin / Dysport membership gives you the option to choose from any of our toxins.

Botox / Xeomin is \$9.00 / unit Dysport is \$ 3.00 / unit

Total Units are _____. Injections every 3 months every 4 months

Total cost of treatment \$ _____. Monthly payment \$ _____.

Membership includes:

- Additional Botox / Xeomin/ Dysport units above treatment dose may be purchase at appointment for \$9.00 /unit or \$3.00/unit.
- We ask client to commit to a term of 1 year to see the benefits of receiving regularly timed treatments. At the end of contract client will need to renew contract with any necessary revisions agreed upon by client and practitioner regarding dosage and frequency. There is no month to month contract for neuromodulators.
- Client must submit a cancellation 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.

Client Name:		DOB:	
Address:			
City:	State:	Zip Code:	
*****Credit Card Information (No Health SavingsAccounts)*****			
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:			

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 client submits request in writing to discontinue membership. It is the responsibility of the client to scheduled treatments. The payments will process on the same day each month. If payment is declined, there is a \$30 fee for every day the payment does not process. Payments cannot be held or stopped without cancellation. If membership is cancelled prior to the initial 1 year term, the card will be charged a \$200 cancellation fee.

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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