

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFRESH WELLNESS PLAN (1x/month) – **60 or 90 minutes**

\_\_\_\_\_ (initial) My 60-MIN REFRESH (1x/mo) Wellness Plan auto payment of $99.

The first auto payment will be the 1st/15th of \_\_\_\_\_\_\_\_\_, year \_\_\_\_\_\_\_\_\_\_\_\_\_ and then due the same day each month until my plan is cancelled with a 30 day advance written notice. My credit card is on file and will be charged the amount indicated in this paragraph on the charge date listed above.

**OR**

\_\_\_\_\_ (initial) My 90-MIN REFRESH (1x/mo) Wellness Plan auto payment of $139

The first auto payment will be the 1st/15th of \_\_\_\_\_\_\_\_\_, year \_\_\_\_\_\_\_\_\_\_\_\_\_ and then due the same day each month until my plan is cancelled with a 30 day advance written notice. My credit card is on file and will be charged the amount indicated in this paragraph on the charge date listed above.

Auto Pay Wellness Plan Agreement:

\_\_\_ (initial) A valid credit card and email address is required for participation in Healing Solutions Inc. Wellness Plan.

\_\_\_ (initial) My Wellness Plan is non-transferable to another person and non-refundable.

\_\_\_ (initial) The benefits associated with the Healing Solutions Inc. Wellness Plan includes a monthly treatment (“Wellness Treatment”), unique offers, promotions, and retail product discounts. My Wellness Treatments are to be redeemed within 30 days after the charge date. Wellness Treatments that are not used during their respective month can rollover (“Rollover Treatment”) and be used for 12 months after their respective charge date. If they are not used after 12 months, they will expire and will not be available for use.

I am permitted to redeem one Rollover Treatment per month in addition to my Wellness Treatment.

\_\_\_ (initial) My appointments must be cancelled at least 24 hours in advance, otherwise the appointment will be considered to have been used and an available Wellness or Rollover Treatment will be redeemed from my account. If I do not have an available treatment in my account, I will be charged the full price of the scheduled treatment, according to my Wellness Plan.

\_\_\_ (initial) My minimum, non- cancellable, term of my Wellness Plan is three (3) months and may not be suspended for more than three (3) months per calendar year. Within the 3 month minimum I am able to switch to a different Wellness Plan to meet my health goals with prior approval from Healing Solutions Inc (“Transfer Agreement”). The change in Wellness Plans will take one (1) week to change from one plan to another once the updated Transfer Agreement is signed. The shift in cost and payment dates will be effective once changes have been approved by Healing Solutions Inc and Transfer Agreement is signed. After the minimum term, my Wellness Plan will be automatically renewed for successive one month periods unless and until my Wellness Plan is cancelled. Only one (1) transfer agreement during the three month minimum is allowed.

\_\_\_ (initial) I understand that I may cancel my Wellness Plan at any time with at least thirty (30) days written notice in advance of my charge date and that Healing Solutions Inc. reserves the right to modify the terms and conditions of the Wellness Plan upon advance written notice to its program participants and to cancel my Wellness Plan at any time. Cancellation of my Wellness Plan will terminate this agreement and I will no longer be entitled to use the benefits of my Wellness Plan, including any unredeemed Wellness Treatments and/or Rollover treatments.

By signing below, I authorize Healing Solutions Inc. to charge my account in accordance with the terms and conditions herein. Additionally, I authorize Healing Solutions Inc. to charge my credit card on file in lieu of presenting it for my products or service purchased, at my request.

Healing Solutions Inc agrees to sell, and I agree to purchase, the Wellness Plan goods and services described herein. I agree to pay Healing Solutions Inc for the Wellness Plan, goods and services according to the payment schedule herein. My signature below indicates my agreement to be bound by the terms, conditions, rules, and regulations of this agreement.

Please sign to accept the terms and conditions of your Healing Solutions Inc. Wellness Plan. Welcome to getting your Health Back!!

Participants Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV \_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip-code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Billed Amount $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Service Tip per treatment + $ \_\_\_\_\_\_\_\_\_\_\_\_ (Tips are billed separately from regular payment)**