



Advocate Wellness Services

www.athletic-training.com

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AWS FINANCIAL AGREEMENT AND CREDIT CARD AUTHORIZATION FORM

Advocate Wellness Services, LLC ("AWS") uses this form to get your credit card information in order to add the information to your account in our merchant payment system ("BillFlash"). This system takes care of the applicable payments or drafts from your account and helps monitor the length of your membership.

Athlete Information (Please Print)

Last Name First Birthdate Age (____) Phone

Current Billing Address City State Zip

PAYMENT TERMS

*(Please indicate which option is your choice with your initials – and *referrals need to be verified by AWS)*

Pay monthly (**\$150/mo.**) _____

Pay for 3 months at a time (**\$427**) _____ (includes a 5% discount)

Pay for 6 months at a time (**\$810**) _____ (includes a 10% discount)

Pay for 12 months all at once (**\$1,530**) _____ (includes a 15% discount)

I have a **referral discount*** to apply to my choice, too _____ (includes an additional 5% discount)

By signing this form, I authorize AWS to record my credit card information in BillFlash and to charge my credit card for the balance due as per the above agreement for my membership. This authorization is in effect until I revoke it, or my card expires and needs to be updated.

You may cancel this Membership Agreement at any time after forty-five days. If you had paid ahead for 3, 6 or 12 months at once, any funds paid for unused months, will be refunded to you. For monthly agreements, you must provide AWS written notice via electronic mail or a letter mailed first-class of your intent to cancel, no less than ten (10) business days prior to the due date of your next billing payment. Failure to provide timely notice will result in a charge for the full amount of your next billing payment and your agreement will be cancelled as of the end of that next billed payment.

Signature: _____ Date: _____

Credit Card Number: _____ CVV Code: _____

Name on Card: _____ Expiration Date: ____/____ Zip: _____

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