



NORTHMEAD BEAUTY THERAPY MEMBERSHIP DETAILS

Members Name: _____

Members Address: _____

Suburb: _____ Postcode: _____

Mobile: _____

Email: _____

MEMBERSHIP DETAILS

I understand that every month on _____ day my credit card detailed below will be debited or I will direct bank deposit at the amount of \$_____ (minimum amount \$39)

For this I will receive \$_____ worth of services at the salon members discounted rate

If I do not attend the salon within any given month my salon membership will be credited and the amount paid will be carried forward until redeemed or at the salons discretion.

I verify that the account details given are true and correct.

If at any time direct bank deposit or credit card payment is not accepted I will be notified by a letter. An administration fee will apply if the payment has been declined.

I acknowledge that I may choose to cancel my membership at any time. I must give a minimum of 14 days written notice before the nominated date of payment for my membership.

I understand that my membership is not redeemable for cash and that the member's price list may vary.

I WISH MY CREDIT CARD TO BE DEBITED AND MY DETAILS ARE BELOW

Mastercard Visa (please tick)

Name on Card: _____

Card Number:

Expiry Date: / 3 digit Security Code: (found on back of card)

Signature: _____

Date: ____ / ____ / ____

Customer Service Agreement

Our commitment to you

Initial terms of the arrangement

In terms of the Credit Card Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount of your salon monthly membership.

Otherwise, you undertake to periodically credit our bank account BANK; St George BSB 112-879 A/C; 153 181 720 NAME; Northmead Beauty Therapy for the agreed amount of your salon monthly membership.

Drawing arrangements

The first drawing under this credit card payment arrangement will occur on the nominated day.

If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice will state the new amount and any other changes to the initial terms.

If you wish to discuss any changes to the initial terms, you may contact 02 9890 7444 to discuss the terms.

Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangements, contact Northmead Beauty Therapy.

Enquiries

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting 02 9890 7444

You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

If you dispute any transaction through your bank and the dispute is found in favour of Northmead Beauty Therapy an administration fee will be charged to your account.

Your commitment to us

It is your responsibility to ensure that:

that on the drawing date there is sufficient cleared funds in the nominated account; and

that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, you will be sent a letter, requesting payment be made. Any transaction fees payable by us in respect of the above will be added to your account.