



Advanced Skin Lounge is excited to be offering a new 6 MONTH monthly membership.

This membership is designed to completely take care of your skincare needs and provide a full regimen that will keep you looking your best.

Each month you will be able to choose from one of the following treatments:

Self Care Membership: \$199 per Month

Limited Spots Available

	Regularly:
(2) Diamond Glow + Red LED Light Therapy	\$500
(2) Hydrafacial + Dermaplane	\$500
(2) ZO Stimulator Peel + Dermaplane	\$550

Additional Spa Treatments: 10% off (Does not include injectables)

Skincare Products: 10% off (Zo Skin Health, Alastin, SkinBetter Science)

Botox: \$50 off 1 Treatment

Membership is a 6 Month Contract

Membership is charged on a monthly recurring basis. Your membership fee will be taken out on the 1st of every month hereafter until your membership expires or is terminated in accordance with this agreement. Membership and discounts are non-transferable, cannot be combined with any other monthly special or discounts. You may freeze your membership for a period of 30 days (maximum). At the end of your membership freeze the payments will begin to reoccur and will be extended for that additional 30 days. **Patients are allowed to roll over payment to next month if saving for upgraded treatment.** We require a 48-hour notice for any changes or cancellations to your scheduled appointment. Advanced Plastic Surgery Institute reserves the right to change clinic rules, regulations, and pricing at any time upon reasonable notice. We have the right to refuse or discontinue service if deemed medically necessary. Your membership services and product rates are not transferable to any person or entity unless indicated in your package. Picture ID may be required to establish membership enrollment, to redeem services, and to receive special membership pricing.

Please complete the information below:

I, _____ (full name) authorize Advanced Plastic Surgery Institute to charge my credit card \$199 per month on the 1st of each month for payment of my Self Care Membership for a 6-month period and may be renewed for an additional 6 months upon request.

Billing Information

Billing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Credit Card

(Circle one) VISA AMERICAN EXPRESS MASTERCARD DISCOVER

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Advanced Plastic Surgery Institute if any changes on my account information or termination of this authorization at least 15 days prior to the next billing cycle. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. If I fail to meet the 6-month contract agreement I am responsible for the remaining balance and I will be sent to collections if balance is not paid. I certify that I am the authorized user of this credit card and will not dispute these scheduled transactions with credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

PRINT NAME _____ DATE _____

SIGNATURE: _____