



200 Trans Canada Hwy SW
Salmon Arm, BC V1E 1V4
Phone: 250.803.8717

Pre-Authorized Credit Card Payment Plan Agreement

Name: _____

Government Issued ID#: _____

Email address: _____

Address: _____

_____ Phone: _____

Type of Credit Card (**please circle**): VISA / MasterCard / American Express
Cardholder Name (**EXACTLY** as it appears on card):

Card Number: _____

Expiry: _____ / _____ (mm/yyyy)

Security Code (**CVC**): _____

X Cardholder Signature:

Amount of Payment: _____ Payment Due Date: _____

Number of Payments: _____ Total Amount Owing: _____

Please see reverse side for Terms and Conditions

Terms and Conditions

- I understand that this agreement will remain in effect until the agreed upon payment plan is completed. **Initial** _____
- I agree to notify Chadalin Skin & Laser Ltd of any changes with my credit card and/or contact information at least ten (10) business days prior to the due date of pre-authorized payments. **Initial** _____
- I agree to ensure sufficient funds to cover pre-authorized payments as they come due and **I understand that a declined payment will result in an NSF service charge of \$25 dollars that will be added to my next payment.** I understand that recurring insufficient funds may result in not qualifying for future payment plan options. **Initial** _____

* I agree that if my payment plan agreement exceeds 6 months I will be charged 3% interest on any payments after the original 6 months. *I Understand that I will be required to complete my existing payment plan agreement before starting a new one.*

Initial _____

X Signature: _____

I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms and conditions as outlined in this agreement.

By signing this agreement, I _____ hereby authorize Chadalin Skin & Laser Ltd to debit all current and/or future payments, in Canadian funds and applicable charges to the credit card indicated in this agreement.

X Signature: _____ Date: _____

Witness: _____ Date: _____

X Receive Copy Signature: _____