

Soothing Sensations, LLC

5446 N. Academy Blvd., Suite 104
Colorado Springs, CO 80918
(719) 232-0157

RECURRING PAYMENT AUTHORIZATION FORM

Date:

First Name:

MI:

Last Name:

Mailing Address:

City:

State:

Zip:

CREDIT CARD INFORMATION

Visa MasterCard American Express Discover

Additional Messages within month:

Name on Credit Card

2nd = \$ _____
3rd + = \$ _____

Charge Account Number

Expiration Date

Security Code

6 MONTH TERM (\$40 per month for 60 min / \$60 per month for 90 min) _____ **Initial**

12 MONTH TERM (\$35 per month for 60 min / \$55 per month for 90 min) _____ **Initial**

AUTHORIZATION

I hereby authorize Soothing Sensations, LLC to charge the indicated credit card for the duration of the term marked above.

I understand that this is a recurring charge that will begin on _____ and will be made on the **1st** of every month and for the amount of _____. **I also understand that missed services are NOT made up, refundable or transferable.**

I agree to notify Soothing Sensations, LLC in writing of any changes in my account information.

I understand that cancellations must be made in writing 10 days prior to the next due date, and I will not dispute Soothing Sensations, LLC recurring billing with my credit card issuer so long as the amount corresponds to terms indicated in this contract.

I guarantee and warrant that I am the legal cardholder on the above account, and that I am legally authorized to enter into this recurring bill agreement with Soothing Sensations, LLC.

All changes require 10 days notice prior to next Recurring Billing Date.
All changes MUST be made in writing.

_____ **Initial**
_____ **Initial**

Authorized Signature

Date