



VIP MEMBERSHIP AGREEMENT

Month-to-month billing (\$149.00/month) 12-month period.

This membership agreement between Bella E Skincare LLC,

and _____

(Member Name)

shall be effective on the date of ____/____/____.

Benefits will become available after the above billing date each month.

MEMBERSHIP INCLUDES:

Monthly treatment, your choice of one of our Signature VIP Aquafirme Medical Facial (upgrades available), or one Medical Grade Chemical Peel, or one Customized Back Facial.

Free Dermaplane with one monthly treatment.

10% off all regular-priced Bella E Skincare retail products.

The member exclusively receives 10% off Scarlet SRF/ or SkinPen (micro-needling) treatments. The discount excludes all and any specials.

\$20 Gift Card towards any service per referral. *Excludes Injectables.

Complementary Birthday Gift

The members may only use included and discounted treatments.

Membership:

1. This Agreement is personal to the member and may not be assigned, transferred, or otherwise disposed of by the member.



2. Applicants for membership must be at least 18 years old. Applicants under the age of 18 years old must have parental consent.
3. All unused funds will rollover monthly.

Automatic Payment Agreement:

1. Monthly membership payments shall be made in advance by direct debit from the member's designated credit/debit account. This information will be kept on file by Bella E Skincare LLC.

After 12 months, either party may cancel the membership at any time by giving 30 days' written notice to the other party.

2. Bella E Skin MD reserves the right to review subscriptions periodically. Members will be given at least 30 days' notice in writing of any changes, which include: (i) any increase in membership fee, and (ii) change in date of automatic withdrawal.

Termination or Suspension of Membership:

1. Bella E Skin MD reserves the right at any time to cancel or suspend the membership of any member in the event of the following:
 - The member commits a serious breach of this Agreement and/or Bella E Skin MD Rules and Regulations.
 - Where any monies due to Bella E Skin MD by the member remain unpaid for 30 days after its due date for payment.
 - The member knowingly provides false details when applying for membership.



A declaration would have affected Bella E Skin MD's decision to grant membership.

- If Bella E Skin MD terminates for any reason, they reserve the right to retain any monies received to cover any reasonable costs they have incurred as a result.

Terms and Conditions:

1. Bella E Skin MD reserves the right to vary, add or eliminate any of the services and facilities provided from time to time.
2. Bella E Skin MD reserves the right to set aside facilities for social events or activities.
3. Bella E Skin MD reserves the right to close or modify facility hours with or without notice.
4. May not be combined with any other promotional offer or promotional gift card.

I hereby agree to the Membership Agreement as stated above.

Print Name Date

Signature Date



Credit Card Authorization

Type of Card: _____

Card Number: _____ -- _____ -- _____ -- _____

Expiration Date: _____ / _____

CCV Code (three digits on back of card): _____

Cardholder Name: _____

Billing Address: _____

EmailAddress: _____

I hereby authorize Bella E Skincare LLC to charge my card monthly above per the terms of this membership agreement.

Signature

Date