



DATE: ____/____/____

Between _____ **(client name)** and Rock It Out, Inc. for unlimited Parkinson’s boxing classes at 18626 Detroit Ave, Lakewood, OH 44116

AGREEMENT TO PAY RECURRING FEES: Client agrees to pay Rock It Out, Inc. monthly recurring fees as follows: **\$99.00 per month** via Client authorized automatic credit card. Alternatively, **Payment in monthly increments by any means other than Client's credit card is not permitted.**

MONTHLY DUE DATE: 1st: _____

CONTRACT DURATION & AUTOMATIC RENEWAL: Contract is in force for 1 months from the Contract Start Date, with automatic renewal for subsequent months, unless cancelled by either the client or Rock It Out, Inc., with notification of 30 days in advance of the next billing date.

AUTO-PAYMENT METHOD: Select to pay by credit card.

CREDIT CARD #: _____

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

EXP. DATE: ____/____ CVV code: _____

SIGNATURE: _____

“HOLD” YOUR AUTOPAY: To place your auto pay on hold, a completed request must be submitted in writing at least 30 days in advance of your next billing date in order for your request to be effective the following month. Your billing date is based on your activation date.

- A completed auto pay cancellation form must be received at least 30 days in advance of your billing cycle (example: if you are scheduled to be charged February 14th and you want to cancel for the month of February, you must submit a cancellation form to Rock It Out, Inc. by January 14th.)

CANCELLATION: The client or client’s estate may cancel the contract if any of the following occur:
(1)Rock It Out, Inc. is moved to a location that is more than (5) five miles from our current facility
(2)Member becomes totally physically disabled for the duration of the contract
(3)Member is deceased (4) Services are no longer available as provided in the contract because of Rock It Out, Inc. permanent discontinuance of operation.

Please read and sign below.

- (a) I agree to purchase the Rock It Out, Inc. membership for \$99.00/**month** as an automatic charge to my credit card, or automatic each month for a contract period of **6 months**, until proper notice of cancellation.
- (b) I hereby certify that I am the holder of the credit card, or an authorized signer on the bank checking account detailed below.
- (c) I understand that I will be notified if my credit card or checking account payment fails to authorize for any reason, and that a \$10 late fee will apply if I do not provide a valid credit card or checking account ACH information within 10 calendar days of the original rejection date.
- (d) I understand that my service will be deactivated if my account becomes more than 30 calendar days late.

Printed Name: _____

Signature: _____ Date: _____