

Steven L Marvin Salon & Wellness Spa
Spa Memberships

I _____ authorize Steven L. Marvin Salon & Wellness Spa to
Charge my _____ card in the amount of \$60.00 on the first banking day
of each month.

Month for my Spa Membership dues.

Card number: _____

Expiration Date: _____

Phone number: _____

Email Address: _____

Authorized signature: _____ Date: _____

Witness signature: _____ Date: _____

Services must be received within each calendar month or they are forfeited.

First months dues are paid in advance upon enrollment

Subsequent monthly dues will be charged to the credit card on file.

Cancellations for spa services require 24 hour notice or the services are forfeited
for the month.

Payment does not include gratuity.

Member services has gone over Spa Membership rules

Signature: _____

Witness: _____