BUSINESS INFORMATION

Business Name | Business Phone # | Client ID

Business Address

○ **NEW** (Never before submitted to MSI)

○ **RENEWAL/ADD-ON** (Does not affect existing agreement with MSI)

○ **REPLACEMENT/UPGRADE** (This option cancels existing agreement with MSI)

FINAL PAYMENT DUE ON EXISTING AGREEMENT m m d d y y

MEMBER SOLUTIONS ACCOUNT ID

CUSTOMER INFORMATION (complete each item)

Customer (First, Last Name)

Customer SSN - - | Work Phone - - ext.

Home Phone - - | Cell Phone - -

Date of Birth

Address

City | State/Prov | Zip/PC

Member (First , Last Name) | Member DOB

Member (First , Last Name) | Member DOB

TERMS (complete all)

1. Program Description

2. Price $

3. Downpayment (Tendered) - $

4. Sub-Total/Unpaid Balance (line 2 minus line 3) = $

5. Service Charge + $

6. Other +/- $

7. Balance/Total Billed (line 4 plus or minus lines 5 & 6) = $

8. Number of Payments

9. Payment Amount (line 7 divided by line 8) ÷ $

10. Billing Frequency (choose one; payments due monthly if not selected) ○ Monthly ○ Quarterly ○ Annual ○ Other _____ (mo)

11. **First Payment Due**

Your First Payment Due Date will be on the month (circle one month)

JAN FEB MAR APR MAY JUN

JUL AUG SEP OCT NOV DEC

and on the day (circle one day)

1 5 10 15 20 25

of the year 20

12. Program Begins m m d d y y

13. Program Expires m m d d y y

A late fee of $ ____ will be assessed for any payment ____ days past due. If not specified a late fee of $10 will be due for any payment 5 days past due.

BILLING METHOD (choose one)

○ **Bank Draft** ○ **Credit/Debit Card** ○ **Statement** ○ **Coupon** (available for Term Memberships only)

Complete either Bank Draft or Credit/Debit Card if Electronic Option Selected

○ **Bank Draft** ATTACH VOIDED CHECK ○ Checking ○ Savings

Name of Financial Institution | Check No.

Routing No. (First 9 digits) | Account No.

○ **Credit/Debit Card** Account No. (Visa, MasterCard, American Express and Discover accepted)

Expiration m m / y y

I authorize MSI to notify me at the following email address when my statement or other correspondence is available and ready to view online. **Email**

AUTOMATIC RENEWAL OPTIONS

If selected, upon PROGRAM EXPIRATION, this agreement will automatically renew continually per the terms below with the same billing method, due date and billing frequency at the time of expiration. MEMBER SOLUTIONS must receive written notice within 30 days of expiration if Customer wishes to terminate the auto-renewal portion of this agreement.

○ **Open Renewal*** Payment Amount $. | Cancellation Notice ____ Days

*If left BLANK a 30 day "written" cancellation notice will apply.

○ **Term Renewal**** No. Payments ____ | Renewal Increase ○ % ○ $ ____ | Payment Amount $. | Program Length ____

**Term renewal will continuously renew to the same term.

TERM AGREEMENT

Internal Use Only

This Agreement is between Member Solutions ("MSI") and Customer in relation to **Business.** The phrase **"888-277-4408 Member Fees"** will appear on your bank or credit card statement. Any account more than 5 days past due will be charged a $10.00 late fee unless otherwise stated herein. Any returned payment will be assessed a $25.00 fee. Any unsuccessful scheduled electronic transaction is subject to a $10.00 processing fee. MSI is not responsible for any bank fees incurred by Customer. MSI has the sole right to modify any payment due date and to resubmit returned or declined items (plus applicable fees) without prior notice. If the Billing Method is modified during the term of this agreement, the payment amount may be adjusted accordingly (if applicable by Business).

MEMBER'S (CUSTOMER'S) RIGHT TO CANCEL

If you wish to cancel this agreement, you may cancel by delivering or mailing by certified mail, return receipt requested, written notice to the Business. The notice must say you do not wish to be bound by the agreement and must be delivered or mailed before 12 midnight of the third business day after you sign and receive a copy of this agreement. The notice must be delivered or mailed to the Business at the address above (or to MSI if no Business address is present). If you cancel, any downpayment or initial fee may not be refundable and the Business may be entitled to a portion of the total agreement price. If the Business goes out of business or refuses to give you a refund, there may be a bond or letter of credit under which you are entitled to collect. Member Solutions (MSI) will not be responsible for any refunds. Enforcement of the Health Club Act is by the Attorney General of this State or the district attorney of the county in which the Business is located. If you feel your rights are violated, you may contact the State Bureau of Consumer Protection or your district attorney.

I have read this agreement and understand that once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all the provisions, terms and conditions set forth on both sides of this agreement. I acknowledge I have received a copy of this agreement. I agree to pay the Balance Billed set forth on the left. I acknowledge having read this Agreement in its entirety.

member SOLUTIONS

BILLING INQUIRIES
888-277-4408
PO Box 705, Jenkintown, PA 19046

Print Customer Name

Customer Signature

Authorized Business Representative

Date (DD/MM/YY)