

Club E-xclusive Membership



Name _____ Activation Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Please enroll me in the Club E-xclusive Membership for \$129 per month for 12 months _____ (initial)

I understand and agree with the following terms and conditions of this membership:

- The membership monthly fee is specified above. As long as I am enrolled in this membership, this fee will be charged automatically to my credit card on the first day of each month. As long as my membership is paid in full, I will be considered a member in good standing.
- This membership entitles me pick any two (2) of the following services monthly with select providers:
 1. Haircut & style with Oribe treatment masque
 2. Base color with Oribe protein or Oribe treatment masque
 3. Arcona facial
 4. Aveda customized massage
 5. Lash fill
 6. Any combination of wax services (Must be completed all in 1 visit and is valid for up to \$50 of service)
- The two (2) monthly service selections are my choice, and can vary each month within the 6 services listed above. However, I am limited to two (2) services per month at the membership price. Additional member services or all other services listed in the menu will be assessed at regular price.
- These services cannot be carried forward into subsequent month(s) if unused.
- With this membership, I will also receive a FREE Aveda Pure Privilege enrollment (\$10 value) and one (1) pass for a free membership service from the list above to present to any person who has not received a service or purchased a product from E Salon|Spa before. My initials here confirm receipt _____.
Pure Privilege No. _____ Friend Pass No. _____
- Failure to provide 24-hour notice of reservation cancellation, will forfeit that service for that month.
- This membership is non-transferable.
- Memberships are 12-month term contracts. E Salon|Spa will automatically charge my credit card the first day of each month for 12 consecutive months. A cancellation fee of \$129 will be applied if I choose to terminate this contract prior to the term of 12 months _____ (Initial). I have to provide a 7-day notice of cancellation prior to the first of the month in which I wish my membership to be discontinued. I understand that, in order to successfully cancel this automatic charge, my 7-day notice of cancellation to E Salon|Spa must be in writing (via mail, fax or email).

Member Signature _____ Date _____

Credit Card Automatic Payment Authorization

I hereby authorize E Salon|Spa to charge my AMEX / Discover / Visa / MasterCard (please circle one) the first day of each month in the amount specified above for the membership I have purchased. My credit card information is:

Credit Card Number _____ Exp. Date _____ CVV code _____

Name as Printed on Card _____ Billing Zip Code _____

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that E Salon|Spa will automatically add a 5% processing fee to all declined charges.

Card Holder Signature _____ Date _____

Witness _____ Date _____

The Shops at Riverwalk
10930 Stockdale Hwy
Suite 104
Bakersfield, CA 93311

P: 661.654.0317
F: 661.606.3942
W: ESalonSpas.com