



*The Body Shoppe*  
 1138 West McCord  
 Centralia, IL 62801  
 (618)545-0900

## Membership Agreement

The Federal Equal Credit Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The agency that administers compliance with the law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

NEW     RENEWAL     REWRITE

|   |   |   |   |
|---|---|---|---|
| First Name  | Last  | Middle Initial  | Social Security #   |
| Street Address<br>( )   | Apt. #<br>( )   | City  | State    Zip Code <input type="checkbox"/> Male <input type="checkbox"/> Female         |
| Home Phone  | Work Phone  | Birthdate<br>( )  |   |
| Emergency Contact (Name)  | Emergency Phone<br>( )  |   |   |
| Employer  | Occupation  | Cell Phone  | E-Mail Address  |
| <b>... Members with Access to Club Facility. ...</b>                                    |   |   |   |
| Primary Member  | 1. _____<br>Family Member   | 2. _____<br>Family Member   | 3. _____<br>Family Member   |
| Birthdate: ___/___/___<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate: ___/___/___<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate: ___/___/___<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate: ___/___/___<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Member ID: _____  | Member ID: _____  | Member ID: _____  | Member ID: _____  |

### Membership Privileges, Notices, Disclosures & Agreements

Membership Type: \_\_\_\_\_

#### RENEWAL PROGRAM OPTIONS:

RENEWAL STATEMENT PROGRAM:

Provided member is not in default or delinquent of this agreement, member may retain use of all privileges by renewing on or before \_\_\_/\_\_\_/\_\_\_ for \_\_\_\_\_ months, at \$\_\_\_\_\_ per month (EFT) or at \$\_\_\_\_\_ per month (CPN), or \$\_\_\_\_\_ (PIF).

#### AUTOMATIC RENEWAL PROGRAM

Provided that Member is not in default of this agreement and subject to the terms and conditions hereof, the membership will automatically renew for the rate indicated below. Renewal terms may be canceled at any time provided a 15-day written notice is delivered to the club's address. It is also understood that the club has the option to increase monthly renewal dues without notice during any renewal period not to exceed \$\_\_\_\_\_ per month.

**MONTHLY DUES: \$\_\_\_\_\_ PER MONTH FOR FUTURE AUTOMATIC RENEWAL.**

Member's Initials: \_\_\_\_\_

#### NONRENEWABLE MEMBERSHIP:

This membership will expire: \_\_\_\_\_

1. Your Membership begins: \_\_\_/\_\_\_/\_\_\_
2. Your Membership expires: \_\_\_/\_\_\_/\_\_\_
3. The Total Sale Price is: \_\_\_/\_\_\_/\_\_\_
4. Enrollment Fee or Prepaid Amount is: \_\_\_/\_\_\_/\_\_\_
5. Remaining Balance is: \_\_\_/\_\_\_/\_\_\_
6. Enrollment Fee + Remaining Balance is: \_\_\_/\_\_\_/\_\_\_

**DEFAULT AND LATE PAYMENTS:** Should you default on any payment obligation as called for in this agreement, the club will have the right to declare the entire remaining balance due and payable and you agree to apply allowable interest, and all costs of collection, including but not limited to collection agency fees, court costs, and attorney fees. A default occurs when any payment due under this agreement is more than ten (10) days late. Should any monthly payment become more than ten (10) days past due, you will be charged a late fee. An additional service fee will be assessed for any check, draft, credit card, or order returned for insufficient funds or any other reason. If the Member is paying monthly dues by electronic funds transfer (EFT), the club's billing company, \_\_\_\_\_, reserves the right to draft via EFT all amounts owed by the Member, including any and all late fees and service fees. Subject to appropriate State and Federal Law. **NOTE: If member moves 25 miles or more away from current residence, the member has the right to cancel with a 15-day written cancellation notice and proof of new residence.**

|                    |                        |                      |
|--------------------|------------------------|----------------------|
| 1st Pay. Schedule  |                        | Profit Center: _____ |
| Number of Payments | Monthly Payment Amount | Payment Due Date     |
|                    |                        |                      |

**NOTICE:** ANY HOLDER OF THIS AGREEMENT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

\_\_\_\_\_  
 CUSTOMER SERVICE REPRESENTATIVE

\_\_\_\_\_  
 MEMBER

\_\_\_\_\_  
 PARENT OR GUARDIAN

**Bring to The Body Shoppe. To be completed at the gym.**

**REQUEST FOR PREAUTHORIZATION PAYMENT**

I/We hereby request the privilege of paying to Farmers State Bank, Hoffman, IL, and further authorize the Company to draw items (checks, electronic fund transfers, charge card) for the purpose of paying said payments, including at any late fees or service fees, on the account of:

\_\_\_\_\_  
(Name as shown on account)

\_\_\_ American Express Acct. # \_\_\_\_\_  
\_\_\_ MasterCard Acct. # \_\_\_\_\_  
\_\_\_ Visa Acct. # \_\_\_\_\_  
\_\_\_ Discover Acct. # \_\_\_\_\_  
\_\_\_ Diner's Club Acct. # \_\_\_\_\_  
\_\_\_ Checking Acct.      \_\_\_ Savings Acct. \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_  
Exp. Date \_\_\_/\_\_\_/\_\_\_  
Exp. Date \_\_\_/\_\_\_/\_\_\_  
Exp. Date \_\_\_/\_\_\_/\_\_\_  
Exp. Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
ROUTING NUMBER (9 digits)

\_\_\_\_\_  
ACCOUNT NUMBER

Subject to the following conditions:

- (1) The items shall be drawn on or about the date or dates of the Payment Schedule. The transactions on your bank statement will constitute receipts for payment on your account.
- (2) The privilege of making payments under this arrangement may be revoked by the Company if any item is not paid upon presentation.
- (3) If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Payment Schedule).
- (4) A service fee will be assessed and drafted for any check, draft, credit card, or order returned for insufficient funds or any other reason.
- (5) This preauthorization arrangement shall apply to the following Applicant(s).

Date \_\_\_\_\_

Customer Signature \_\_\_\_\_

(Signature required only if name or account is different than member)

**A VOID OR BLANK CHECK MUST BE ATTACHED**