# The Clinic Pass

## VIP Treatment at an Affordable Price...

### Benefits

- £49 pounds per month £60 treatment credit
- £99 pounds per month £120 treatment credit (GOLD)
- 10% off additional treatments outside of £60/£120 allowance
- 5% off all products
- 10% off at selected local businesses when showing the clinic pass.
- Exclusive offers
- Exclusive invites to events at the clinic
- Unlimited advanced skin consultations

### Terms and conditions

- Credit allowance cannot be carried over to the following month
- Credit can't be used towards products, treatments only
- Minimum 6 months subscription
- £49/£99 will be deduced from your debit or credit card on the 1st of every month.
  (2.5% charge for credit card)
- Appointments cancelled within 24 hours incur a 50% cancellation charge taken off the credit allocation. Appointments cancelled within 5 hours or if no show 100% of the treatment cost will be deduced from the credit allocation.
- Clinic pass not valid with any other offer or promotion
- Businesses offering 10% off for The Clinic Pass members have to right to withdraw at anytime. May only be available on certain days/times.

# CONTRACT TERMS

**This contract is between:** Definition and _____ (Client)

For Clinic Pass Subscription

□ £60.00 Treatment Credit for £49.00 per month

□ £120.00 Gold Treatment Credit for £99.00 per month

Contract Start Date: ___/___/_____
Contract End Date: ___/___/_____ (6 months from start date)

**Contract Duration and Automatic Renewal:** Contract is in force for 6 months from the Contract Start Date, with automatic renewal for subsequent months, unless cancelled by either Definition or client, with notification of 30 days in advance of the next billing date.

**Agreement to Pay Recurring Fees:**

_____ (Client Name)
agrees to pay monthly recurring fees as follows: £49 / £99 (delete as appropriate) via Client authorised automatic debit/credit card

(a) I agree to purchase the 'Clinic Pass' for £49.00 or £99.00 , as an automatic charge to my credit card, or automatic debit to my checking account each month for a contract period of 6 months.

(b) I agree to all of the 'Clinic Pass' terms and conditions and have received a copy of these

(c) I hereby certify that I am the holder of the credit card, or an authorised signer on the bank checking account detailed below.

(d) I understand that I will be notified if my debit/credit card or direct debit payment fails to authorise for any reason, and that a £10 late fee will apply if I do not provide a valid debit/credit card information within 10 calendar days of the original rejection date.

(e) I understand that my service will be deactivated if my account becomes more than 30 calendar days late.

Signature:_____Date:_____

Printed Name: _____

Signed on behalf of Definition _____Date:_____

Name_____

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Definition copy