

SEAL TEAM PHYSICAL TRAINING, INC.
MONTHLY FITNESS MEMBERSHIP AGREEMENT

I _____, agree to pay SEAL TEAM Physical Training, Inc., its successors or assigns ("SEAL TEAM PT"), the amount of ninety dollars (\$90.00) ("Service Fee") on a monthly basis for my participation in the SEAL TEAM Physical Training Fitness Membership program. The Service Fee may be adjusted annually by SEAL TEAM PT on at least forty-five (45) days prior written notice to me.

Payment of the Service Fee in the amount of ninety dollars (\$90.00) shall be made every month, with the first payment being due upon signing this agreement, and the remaining payments being due on the first day of each consecutive month thereafter. Payment received after the 10th day of the month will incur a \$5 late fee. In addition to these late fees, any Service Fee that is due but remains unpaid after the 15th day of the month will incur a finance charge of 1.5% per month on the unpaid balance.

In the event that I cease, for any reason, to participate in the SEAL TEAM Physical Training program, I understand that I am still liable for the unpaid balance of the Service Fee, payment of which shall be due and payable as set forth above. I agree that I will be responsible for all reasonable legal fees and other costs incurred by SEAL TEAM PT in collecting any amounts owing under this agreement, in addition to all other remedies available to SEAL TEAM PT.

I understand and agree that the waiver and rules and compliance forms completed by me during the two-week Basic Fitness class will continue to be binding on me for the duration of my participation in the SEAL TEAM PT fitness program. I agree that my name can be included on the SEAL TEAM PT e-mail list and that SEAL TEAM PT may communicate notices or other information to me via e-mail. I also consent to SEAL TEAM PT using photographs/video containing my likeness on the SEAL TEAM PT website or in SEAL TEAM PT's other promotional or advertising materials, without compensation to me.

SEAL TEAM PT reserves the right from time to time to establish general policies that apply to all fitness program members regarding attendance, conduct, safety, contract cancellation and other relevant subjects, and to modify these policies. Any such policies will be posted on SEAL TEAM PT's website.

This agreement shall be self-renewing on the same terms and conditions unless written notice to cancel is given by either SEAL TEAM PT or me to the other party by the 25th day of the month. No refunds will be issued for any months for which I am not able to participate in the SEAL TEAM PT program and for which I neglected to cancel this membership. This agreement is the final understanding between the parties and replaces any prior negotiation, discussions or agreements between the parties. This agreement may not be modified or amended, in whole or in part, without the written consent of both parties.

Sign Name

Date: _____

Name (Please print legibly)

Address: _____

E-Mail: _____

Phone: (____) _____

SEAL TEAM Physical Training, Inc.

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

Customer Information

Customer name (*Print clearly*):

Phone:

Payment Information

I authorize SEAL TEAM Physical Training, Inc. to automatically bill the card listed below as specified:

Amount: \$

Frequency (*Check one*): Monthly Annually

Start billing on: ____ / ____ / ____
Customer must provide written notice to cancel automatic billing

Credit Card Information

SEAL TEAM Physical Training, Inc. accepts **Visa and MasterCard**

Credit card type:

Credit card number:

Expires:

() Visa () MasterCard

#:

/

Cardholder's name:

Cardholder's Zip code (required):

(as shown on credit card)

(from credit card billing address)

Customer's signature:

Date:



Thank you for your business! Fax form to 804.234.8188
www.sealteampt.com
PO Box 5850 Glen Allen, VA 23058 Phone 804 262 1894

