

>an ABC FITNESS & HEALTH NV company<

CONTRACT - 12 MONTHS		
FIRST NAME: L		LAST NAME:
DATE OF BIRTH:		PLACE OF BIRTH:
PHONE NUMBER:		EMAIL:
PAYMENT METHOD: O - MONTHLY BANK DIRECT DEBIT USD 60 (FILL IN & SIGN DIRECT DEBIT FORM) O - CASH / PIN ALL AT ONCE (USD 720)		
1ST INITIAL PAYMENT IS 20USD SIGNUP FEE + REMAINING WEEKS IN THE MONTH: - SIGNUP IN FIRST WEEK OF THE MONTH : 20USD + 60USD = 80USD PIN / CASH - SIGNUP IN SECOND WEEK OF THE MONTH : 20USD + 50USD = 70USD PIN / CASH - SIGNUP IN THIRD WEEK OF THE MONTH : 20USD + 40USD = 60USD PIN / CASH - SIGNUP IN LAST WEEK OF THE MONTH : 20USD + 30USD = 50USD PIN / CASH		
By signing this contract, I authorize ABC FITNESS & HEALTH NV to debit my bank account with the mentioned amount according to a non-closed subscription with a minimum of 12 months. Depreciation takes place each 28th of the month unless specifically mentioned that depreciation takes place on another set date, according to my subscription. This agreement shall <u>renew automatically</u> if not specifically terminated in according with the following provisions:		
A.	calendar days prior to the end of the further notification and I agree to the	ALTH NV in writing by email to info@dreamzfitness.com ONLY 30 initial term. If not, this agreement will renew automatically without e exact payment terms of this initial contract for the renewed terms of
B.	this contract. I understand that each following ren There will be no limits in renewal t	ewal after the initial term has the same conditions as the intital term.
C.		NESS & HEALTH NV does not refund paid memberships.
D.		
E.		mbership and the payments are continuesly and can not be frozen.
F.		
	· · ·	tays intact and the monthly direct debits will continue.
G.	memberships and the payments. Me	Fitness might be closed during <u>official holidays</u> , this will not affect the emberships and payments will not be frozen or refundend in any case of 7 consecutive days within 12 months.
I AGREE THAT I HAVE RECEIVED A SIGNED COPY OF THIS CONTRACT BY EMAIL ON THE EMAIL ADDRESS I HAVE PROVIDED ABOVE. I AGREE TO RECEIVE INFORMATION REGARDING DREAMZ FITNESS AND MY MEMBERSHIP TROUGH EMAIL AND/OR WHATSAPP		
PLACE: BONAIRE		SIGNUP DATE:
CICNATURE		
SIGNATURE:		