

>an ABC FITNESS & HEALTH NV company<

CONTRACT - 6 MONTHS	
FIRST NAME:	LAST NAME:
DATE OF BIRTH:	PLACE OF BIRTH:
PHONE NUMBER:	EMAIL:
(copy of signed contract will be emailed to this address) PAYMENT METHOD: O - MONTHLY BANK DIRECT DEBIT USD 70 (FILL IN & SIGN DIRECT DEBIT FORM) O - CASH / PIN ALL AT ONCE (USD 420)	
1ST INITIAL PAYMENT IS 20USD SIGNUP FEI - SIGNUP IN FIRST WEEK OF THE MONTH - SIGNUP IN SECOND WEEK OF THE MONTH - SIGNUP IN THIRD WEEK OF THE MONTH - SIGNUP IN LAST WEEK OF THE MONTH	: 20USD + 70USD = 90USD PIN / CASH : 20USD + 60USD = 80USD PIN / CASH : 20USD + 40USD = 60USD 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 renew automatically if not specifically terminated in according with the following provisions:	
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
this contract. B. I understand that each following rene There will be no limits in renewal t	ewal after the initial term has the same conditions as the intital term.
 C. I agree and understand that ABC FITN D. I hereby understand and agree that A account before ending of my members E. I understand and agree that this ment F. I agree that in any case of government be closed temporarly, this contract st G. I understand and agree that Dreamz 	NESS & HEALTH NV does not refund paid memberships. ABC FITNESS & HEALTH NV can not cancel the direct debit from my erhsip following the cancelation process stated in point A and B. Inbership and the payments are continuesly and can not be frozen. In the measures or other circumstances where Dreamz Fitness is forced to tays intact and the monthly direct debits will continue. Fitness might be closed during official holidays, this will not affect the mberships and payments will not be frozen or refundend in any case of
	COPY OF THIS CONTRACT BY EMAIL ON THE EMAIL ADDRESS I HAVE IFORMATION REGARDING DREAMZ FITNESS AND MY MEMBERSHIP
PLACE: BONAIRE	SIGNUP DATE:
SIGNATURE:	