

RBC

4. Authorization and Payment of Services (...continued)

Bank Transit Number: _____
 Cheque Ccc. Number: _____
 Bank Number: _____
 Account Name: _____
 Buyer's Signature: _____

Credit Card Number: _____
 Cardholder's Name: _____
 Expiry Date: _____
 Member's Signature: _____

5. Physiomed Fitness Membership Plan

Start Date: _____

1. Bi-Weekly Plan	Amount	HST	Total	
a. One-Time Registration Fee				Payme
b. Bi-Weekly Membership Fee				First Payme

2. 12-Month Plan	Amount	HST	Total	
a. One-Time Registration Fee				Payme
b. 12-Month Membership Fee				Paym

Payment Method: Cash Cheque MC Visa Amex Debit HP

6. Membership Renewal

The Member agrees that this membership is for _____ months with an expiry date of _____ for successive bi-weekly periods at \$_____ per period thereafter ("Renewal of the renewal by mail and in writing at the address noted on this Agreement at least thi (90) days, before this Agreement expires. This Agreement will be cancelled if the Membr Fitness at the address noted on this Agreement before the beginning of any Renewal Peri

7. Your Rights Under the Consumers Act 2002

You may cancel this Agreement at any time during the period that ends ten (10) days after the later of the day that you receive a written copy of the Agreement and the day all the services are available. You do not need to give the supplier any reason for cancellation during this ten (10) day period. In addition, there are grounds that allow you to cancel this Agreement. You may also have other rights, duties and remedies at law. For more information you may contact the Ministry of Consumer and Business Services. To cancel this Agreement, you must give notice of cancellation to the supplier at the address set out in the Agreement by any means that allows you to prove the date on which you gave notice. If no address is set out in the Agreement, use any address of the supplier that is on record with the Government of Ontario or the Government of Canada or that is known to you. If you cancel this Agreement, the supplier has fifteen (15) days to refund any payment you have made and return to you all goods delivered under a trade-in arrangement (or refund an amount equal to the trade-in allowance).

I certify that I have read this Agreement and understand, agree with and will abide by Physiomed Fitness' rules regulations, and accompanying terms & conditions. I also acknowledge receipt of a true copy of this Agreement

Member's Signature: _____ Buyer's Signature: A Date: 01/02/2012
 Wellness Consultant (Print Name): _____ Approved by Wellness Director: [Signature]

PHYSIOMED

CARD *****
 CARD TYPE INTERAC
 ACCOUNT TYPE CHEQUING
 DATE 2012/02/01
 TIME 0350 14:06:42
 RECEIPT NUMBER
 C06104213-001-091-002-0

PURCHASE TOTAL
 \$56.50

INTERAC
 A0000002771010
 BFB3FFF1001D7931
 8000008000
 036834F71BD3EEEO

APPROVED
 AUTH# 007878 00-001
 THANK YOU

VERIFIED BY PIN
 MERCHANT COPY

PHYSIOMED
 FITNESS

Healthier Starts Here.

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