

# AXIS PERFORMANCE CENTER

## Client Payment Terms & Conditions

- Axis accepts payment by credit or debit card via Visa or MasterCard.
- Clients are responsible for providing current credit or debit card information. Billing information can be updated by sending an e-mail to [billing@axispt.com](mailto:billing@axispt.com) or by calling (650) 229-1107.
- Axis is only able to provide service to clients with valid credit or debit card information on file. In the event of a missing or declined card, balances must to be paid in full within 30 days of the billing date.
- Credit and debit cards are charged on the first weekday of each month, and on the first weekday after the 15<sup>th</sup> of each month. A statement is mailed out twice monthly showing the dates of charges to the account.
- Any questions regarding specific charges should be directed to the trainer who initiated the charge.
- Payments for services and products may be made with gift certificates. To ensure proper credit, gift certificates must be presented at the time of sale or service.
- I have read the above and I understand that I am responsible for payment of all charges billed to my account.

\_\_\_\_\_ (Initials)

### CLIENT BILLING INFORMATION:

CLIENT NAME:	
STATEMENT MAILING ADDRESS, CITY, STATE, ZIP CODE:	
PHONE:	E-MAIL
PERSON RESPONSIBLE FOR PAYMENT IF OTHER THAN SELF:	
PAYMENT METHOD:	
VISA - CREDIT CARD [ <input type="checkbox"/> ]      VISA - DEBIT CARD [ <input type="checkbox"/> ]	
MASTERCARD -CREDIT CARD [ <input type="checkbox"/> ]      MASTERCARD - DEBIT CARD [ <input type="checkbox"/> ]	
CARD NUMBER: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	EXPIRATION DATE: ____ / ____
AUTHORIZED SIGNATURE	DATE

### AXIS ADMINISTRATION ONLY

#### FACILITY

DATE Rec'd:	DATE Entered	EE ID Entered:
ASSIGNED TRMT:	START DATE:	MGR. INITIALS:

#### CORPORATE

DATE Rec'd:	REVIEWED By:	CLIENT POS#:
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