



Financial Payment Agreement – Skin Regeneration Program

Agreement Date: _____

Client Name: _____

Client Address: _____

Program Details:

- **Program Name:** Skin Regeneration Program
- **Total Cost:** \$1500
- **Included Treatments:**
 - Microneedling Sessions (4 sessions): Regular price \$325 each (full face, neck, and décolleté), totaling \$1300.
 - Advanced Clinical Facials (3 sessions): Regular price \$350 each, totaling \$1050.
 - **Total Value:** \$2350
- **Program Discount:** \$1500 (saving you \$850 off our regular single treatment prices)

I have read the Program Details section fully: _____ [initials]

Payment Terms:

- **First Payment Due:** \$500 due immediately at the first appointment or booking of the first treatment.
- **Subsequent Payments:**
 - Payments of \$500 are due at the end of the month if the treatment date is prior to the 10th of the month when the program is started.
 - If the treatment date is on or after the 10th of the month, the subsequent payments will be due at the end of the following month.
- **Invoice Dates:** Invoices will be sent for the 2nd and 3rd payments on the dates they are due.
- **Payment Methods:** Payments can be made online via the invoice sent or via e-transfer to paycarlawallis@gmail.com.

I have read the Payment Terms section fully: _____ [initials]

Payment Suspension Policy:

- If all payments are not made as invoiced and on their due dates, the program will be considered suspended until all payments are made. The discounted rate is only available



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while payments are made according to this agreement. The program is designed as a super deal and was initially intended to be fully paid upfront in full.

I have read the Payment Suspension Policy section fully: _____ [initials]

Program Payment Plan Terms:

- This Skin Regeneration Program is normally offered as a package deal requiring full payment before treatments begin. The current payment plan allows you to pay over time but does not exempt you from the total payment required. Regardless of how many services have been rendered, the terms of the payment plan must be adhered to. If any payments are missed or not made according to the agreed schedule, the payment plan will no longer be honored, and you will be required to pay the full price of individual treatments for any services rendered up to that point. Failure to adhere to the payment schedule will result in the program being considered suspended until all payments are received. If you do not make payments as agreed, you should have opted to pay the full amount upfront to receive the deal.

I have read the Program Payment Plan Terms section fully: _____ [initials]

Missed Appointments:

- If an appointment is missed without prior notice, unless there were exceptional extenuating circumstances, it will be considered a cancellation, and the missed treatment will be considered used.

I have read the Missed Appointments section fully: _____ [initials]

Cancellation and Refund Policy:

- No refunds will be issued if the client cancels or opts out of the program.
- If the client cancels out of the program and chooses not to make any of the payments due, they forfeit any balances owing and must pay the full price of individual treatments for any services rendered to date, as per our regular pricing.

I have read the Cancellation and Refund Policy section fully: _____ [initials]



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Contact Information:

- For any questions regarding this agreement or to discuss your payment plan, please contact New Beginnings Day Spa at [867] 446-4176 or via email at newbeginningsmedispa@gmail.com.

Agreement Acknowledgement: By signing this agreement, the client acknowledges that they understand and agree to the terms and conditions outlined above. Signing this agreement does not exempt them from any of our regular booking policies located at www.mydayspa.ca.

Client Signature: _____

Date: _____

New Beginnings Day Spa Authorized Signature: _____

Date: _____