



NOVA Medical Exercise Charge Authorization form

I hereby authorize NOVA Medical Exercise (MedEX) to charge my credit card with the following information in the amount stated below:

Full Name (as it appears on card) _____

Address as it appears on statement:

Street _____

City _____ State _____ Zip _____

Email _____

Card Number: _____ Security Code _____ Exp. _____

Amount of Charge: _____

Charge is for what? _____

- **There is a thirty day lag period for cancellation of recurring charges.**
- **Charges continue after the terms of the agreement have ended until written notice is received by NOVA Medical Exercise.**
- **There will be no refunds for processed payments**
- **Month refers to one calendar month**

Private Training

Initial

Initial Assessment	\$40	_____
Single session	\$95	_____
4x per month	\$350 (\$87.50/session)	_____
6x per month	\$500 (\$83.33/session)	_____
8x per month	\$650 (\$81.25/session)	_____
10x per month	\$775 (\$77.50/session)	_____
12x per month	\$900 (\$75/session)	_____

I understand that payment for Personal Training sessions are due at or prior to the time of each lesson or session. Once a session is scheduled, I will be responsible for the agreed upon rate if the session is canceled with less than 24 hours' notice. The instructor will consider the session missed if I arrive later than fifteen (15) minutes after the scheduled start time. Cancellations must be made by calling the trainer and leaving a message. A word of advice: if you are sick 36 hours prior to your appointment, you will probably not be healthy enough to train. Please cancel or know that you will be responsible for the payment.

Signature - *I have received a copy of this agreement*

Date

Signature of NOVA Medical Exercise Representative

Date