

Metroflex Gym Fort Worth
 5501 Thelin Street, Suite 125
 Fort Worth, TX 76115
 817.891.6261

Membership Agreement
 Registration # 20090110

CLUB # 7167
 MEMBERSHIP # 30330 (5 digits)

DATE: _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The agency that administers compliance with the law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

NEW RENEWAL REWRITE

First Name _____ Last _____ Middle Initial _____ Social Security # _____

Present Address _____ City _____ State _____ Zip _____ MALE FEMALE

Primary Phone Number _____ Work Phone _____ Birthdate _____

In Case of Emergency, Call (Name) _____ Emergency Phone _____

Drivers License # _____ Employer _____ Occupation _____

Source _____ Cell Phone _____ E-Mail Address _____

Members with Access to Club Facility

1. PRIMARY MEMBER 2. FAMILY MEMBER 3. FAMILY MEMBER 4. FAMILY MEMBER

Birthdate: ____/____/____ Birthdate: ____/____/____ Birthdate: ____/____/____ Birthdate: ____/____/____

MALE FEMALE MALE FEMALE MALE FEMALE MALE FEMALE

ID #: _____ ID #: _____ ID #: _____ ID #: _____

Membership Privileges, Notices, Disclosures & Agreements

MEMBERSHIP TYPE: _____

RENEWAL PROGRAM OPTIONS:

RENEWAL STATEMENT PROGRAM:
 Provided that Member is not in default or delinquent of this agreement, member may retain use of all privileges by renewing on or before ____/____/____ for ____ months, at \$____ per month (EFT) or at \$____ (PIF)

AUTOMATIC RENEWAL PROGRAM:
 Provided that Member is not in default of this agreement and subject to the terms and conditions hereof, the membership will automatically renew for the rate indicated below. Renewal terms may be cancelled at any time provided a 30-day written notice is delivered to the club's address. It is also understood that the club has the option to increase monthly renewal dues without notice during any renewal period not to exceed \$____ per month.

MONTHLY DUES: \$____ PER MONTH FOR FUTURE AUTOMATIC RENEWAL.

Member's Initials: _____

NONRENEWABLE MEMBERSHIP:
 This membership will expire: ____/____/____

NOTICE: ANY HOLDER OF THIS AGREEMENT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

- Your Membership begins: ____/____/____
- Your Membership expires: ____/____/____
- Enrollment Fee or Prepaid Amount: \$ _____
- Total Membership Price: \$ _____
- Amount Paid: \$ _____
- Balance Due: \$ _____

DEFAULT AND LATE PAYMENTS: Should you default on any payment obligation as called for in this agreement, the club will have the right to declare the entire remaining balance due and payable and you agree to pay allowable interest, and all costs of collection, including but not limited to collection agency fees, court costs, and attorney fees. A default occurs when any payment due under this agreement is more than ten days late. SHOULD ANY MONTHLY PAYMENT BECOME MORE THAN TEN DAYS PAST DUE, YOU WILL BE CHARGED A LATE FEE. AN ADDITIONAL SERVICE FEE WILL BE CHARGED FOR ANY CHECK, DRAFT, CREDIT CARD, OR ORDER RETURNED FOR INSUFFICIENT FUNDS OR ANY OTHER REASON. If the Member is paying monthly dues by electronic funds transfer (EFT), the club's billing company, ABC Financial Services, Inc., reserves the right to draft via EFT all amounts owed by the member including any and all late fees and service fees. Subject to appropriate State and Federal Law. NOTE: Members paying monthly dues by E.F.T. are subject to \$10.00 per month increase of monthly dues if E.F.T. payment is stopped or changed. This will not affect any other provisions of this agreement.

1st Payment Schedule: DUES		
Number of Payments	Monthly Payment Amount	Payment Due Date

2nd Payment Schedule:		
Number of Payments	Monthly Payment Amount	Payment Due Date

CLUB REPRESENTATIVE _____ DATE _____

MEMBER _____ DATE _____

PARENT OR GUARDIAN _____



PLEASE ATTACH A VOID OR BLANK CHECK REQUEST FOR PREAUTHORIZED PAYMENT

I/We hereby request the privilege of paying to ABC Financial Services, Inc ("The Company"), Sherwood, AR 72124, and further authorize the Company to draw items (checks, electronic fund transfers, charge card) for the purpose of paying said payments, including any late fees or service fees, on the account of

REQUIRED FOR ALL EFT AND CREDIT CARD DRAFT ACCOUNTS