

## Group Training Client Commitment Form

I am committed to being a Group Training Client of Furber Coaching starting on the date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Company \_\_\_\_\_ Office Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

I understand I have two options to pay. (Please check your choice below)  
(Canadians pay C\$+G.S.T. Americans pay U.S. \$)

Payment Option #1: Monthly for \$249

I understand that if I choose the monthly payment plan, my credit card account will be billed monthly for the above fee.  
I understand that my credit card billing and the coaching will begin on the above date.

Payment Option #2: 6 Months in Advance for \$1290  
(no cancellations except if transferring to personal coaching)

I understand if I choose the "Six Months in Advance" plan, I have two choices on how to pay. (Please check your choice below)

1. I will enclose or mail a cheque for \$1290 with above date. (Made out to "Furber Coaching")  
 2. or; I understand my credit card will be billed for \$1290 on the above date.

I understand that I must return my Client Questionnaire with this form to Furber Coaching.

### Cancellation Policy

I understand that if I am paying monthly, to effectively cancel my Commitment to being a Group Training Client I must mail or email my intention to cancel to Furber Coaching. This notice will cause the next credit card payment to be stopped. (Please note we will be setting up automatic credit card withdrawals as close to the above start date as possible)

I understand that if I have paid for six months in advance there is no refund. However, we will credit you on a pro rata basis when you upgrade to become a Personal Coaching Client.

If paying by Credit Card, Please fill out the information below.

Payment Please by Visa and Mastercard Only

Please use this card #1st \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please use this card #2<sup>nd</sup> \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_