



MEMBERSHIP TYPE

PLATINUM

OPC #: 123456

CONTRACT: C00123456 MEMBER: ME00712345

Last name: Breault First name: Jim

Address: 123 Treadmill St.

City: Laval

Postal code: E0C 0N0

Home phone number: 514-123-4567

Emergency phone number: 514-123-4567

Email: jimbreault@gmail.com

Date of birth: 01/01/2002

MEMBERSHIP DETAIL:

Duration: 12 months

Membership cost: \$x.xx

Credit: \$x.xx

Price freeze: \$x.xx

GST # 123 456 123TPS007: \$x.xx

QST # 123 456 123TVQ007: \$x.xx

TOTAL: \$x.xx

Start date: 04/15/2025 – End date: 04/15/2026

Notes: _____

I, the undersigned, agree to pay to the merchant indicated above, the sum of (\$x.xx).

POST-DATED PAYMENTS:

Number of x in the amount of: \$x.xx – Method of payment: x

Semi-annual Monthly Biweekly Weekly – Starting on: 04/15/2025

The member hereby accepts that the amount due or the agreed payments to the merchant under the terms of the Payment Authorization Form signed or completed by the member via Internet shall be automatically debited from the member's credit card or bank account until paid in full. No refunds, suspensions or cancellations of payments other than those prescribed by law shall be permitted. In addition to any payment or remittance that the member is required to make under this contract, the member agrees and accepts that any increase in the goods and services tax (GST) and/or the Québec sales tax (QST) as well as any other similar tax that may be implemented or imposed in lieu of or in addition thereto by any governmental, paragonmental or taxation authority during the term of the contract and which the merchant is required or may be required to collect from the member in connection with any goods or services provided to the member under the contract or otherwise shall be automatically deducted from the member's credit card or bank account.

The member hereby accepts that the amounts owed or the payments confirmed in the authorization form signed by the member be automatically debited. No refunds, suspensions or cancellations other than those prescribed by law shall be permitted. If the tax rate prescribed by government authorities should change, amounts owed at the time of that change shall be adjusted accordingly.

OTHER TERMS

1. By becoming a member of Éconofitness, the member agrees to comply with the General Terms and Conditions of Sale, General Terms and Conditions of Use and Code of Conduct of Éconofitness available at www.econofitness.com as well as from their Member Account.
2. In consideration of payment for the selected membership, the merchant agrees to provide the member with access to its facilities and equipment for individual workouts, in accordance with operating hours and internal regulations. The member shall use the facilities and equipment in a normal and safe manner at the address where the contract is to be executed in accordance with the agreement reached between the parties and the type of membership chosen (see the list on our website at

TERMINATION FORM (SEE ABOVE NOTE)

To: **ÉCONOFITNESS** (Cie # _____) Date: _____

(merchant address)

Under section 204 of the *Consumer Protection Act*, I terminate the contract (# _____)

(number of membership card)

Entered into on: _____ in _____
(contract date) (contract location)

(consumer name)

(consumer signature)

(consumer address)

Received on: _____ By: _____
(employee full name)