

Customer Enrollment and Agreement

Please fill out this form to enroll in our services. This document serves as a formal agreement and is formatted for printing.

1. Customer Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Postal / ZIP Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>		

2. Enrollment Details

Requested Program or Service:	<input type="text"/>
Preferred Start Date (MM/DD/YYYY):	<input type="text"/>
Membership or Service Level:	<input type="text"/>
Referral Source (How did you hear about us?):	<input type="text"/>

3. Terms and Conditions

By executing this agreement, the Customer acknowledges and agrees to the following terms:

- **Accuracy of Information:** The Customer certifies that all information provided in this enrollment form is true, accurate, and complete.
- **Payment Obligations:** The Customer agrees to pay all fees associated with the selected program/service level in accordance with the established payment terms.
- **Cancellation Policy:** Cancellations must be submitted in writing. Standard processing times and applicable cancellation fees may apply as detailed in the service handbook.
- **Termination:** The company reserves the right to terminate this agreement at any time due to non-payment or violation of company policies.

4. Authorization and Execution

By signing below, both parties agree to the terms and conditions outlined in this Customer Enrollment and Agreement.

Customer Printed Name:	<input type="text"/>
Customer Signature:	<input type="text"/>
Date (MM/DD/YYYY):	<input type="text"/>

Authorized Representative Printed Name:	<input type="text"/>
Authorized Representative Signature:	<input type="text"/>
Date (MM/DD/YYYY):	<input type="text"/>