

Date: \_\_\_\_\_

Modern Back & Neck Clinic  
& Weight Loss Center  
4041 W. Wheatland Rd. Ste. 120  
Dallas, TX 75237  
(972) 283-3300

**OFFICE USE ONLY:**  
Copy given to patient by: \_\_\_\_\_  
Patient's initials that agreement was read & a copy was recvd: \_\_\_\_\_

# Amazing Weigh Loss Auto Ship Agreement- Products Only

(Please type or print clearly)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Fax#: \_\_\_\_\_

Products Set \$84.99 (Sugar Blocker, Carb Blocker& Turbo Trim)+ tax= 92.00  
 ( Add \$6.99 for auto-shipments)= **\$98.99**

### Credit Card Information

Primary: Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. \_\_\_\_\_ 3- digit CVV: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Secondary CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Commitment Period: \_\_\_ 6 month's \_\_\_ 12 month's \_\_\_ 18 month's \_\_\_ 24 months

Please circle the month to begin your shipments:

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sept. Oct. Nov. Dec.

Please circle the date you would like to have your order processed: 5<sup>th</sup> 15<sup>th</sup> 25<sup>th</sup> 30<sup>th</sup>

\*\*\*\*\* **NO REFUNDS** \*\*\*\*\*

I have been informed about the Wellness Program and I understand the benefits of the Wellness Package that I have selected above. Prices for the Wellness Program have been greatly discounted so a full commitment to the agreed period is essential to the viability of the program. I also understand that my credit card will be billed monthly on the date designated above. Once your commitment period has ended, you may renew, make changes to or cancel your agreement by submitting a written notice 30 days prior to your commitment period ending.

Signature \_\_\_\_\_

Date \_\_\_\_\_