

Flexible Payment Option

|   |                               |                                 |  |
|---|-------------------------------|---------------------------------|--|
| Full Name (First, Middle Initial, Last):                            |                               |                                 |  |
| Former Name/ Maiden Name (if applicable):                           |                               |                                 |  |
| Date of Birth (DD / MM / YYYY):                                     |                               | Current Age (in years):         |  |
| Gender:   | Male <input type="checkbox"/> | Female <input type="checkbox"/> |  |
| Street Address (number, street name, apt #):                        |                               |                                 |  |
| Mailing Address (if different than above):                          |                               |                                 |  |
| City:   |                               | Province/State:                 |  |
| Country:  |                               | Postal Code/Zip:                |  |
| Phone number(s) with area code:                                     |                               |                                 |  |
| Email address:  |                               |                                 |  |
| Date Intake and Service Option Form signed: (DD/MM/YYYY) (required) |                               |                                 |  |

**FLEXIBLE PAYMENT OPTION TERMS**

Please select option A. or B., below:

- A. The Flexible Payment Option for the **Complete Assessment Package** requires payments (credit or e-transfer) as follows;
- \$150 paid 24 hours' prior to the Assessment (first) appointment\*
  - \$100 paid 24 hours' prior to the Risk Assessment and design of my Meal Plan
  - \$100 paid 24 hours' prior to the Nutrition Education Session appointment
- \*If attending appointments in-person, payment for the first appointment may be made via personal cheque made out to BBD Nutrition Ltd.
- B. The Flexible Payment Option for **all other packages** require payments (credit or e-transfer) as follows;
- \$150 paid 24 hours' prior to the first appointment\*
  - \$100 paid 24 hours' prior to the second appointment
  - \$100 paid 24 hours' prior to the third appointment
- \*If attending appointments in-person, payment for the first appointment may be made via personal cheque made out to BBD Nutrition Ltd.

**STATEMENT OF UNDERSTANDING**

I understand and accept to pay for my services as indicated directly above and that selecting this option does not alter in any way the terms and conditions outlined on my previously signed Intake and Service Option Form.

Client's First Name, Middle Initial, Last Name (required):

(required) By checking off this box, I declare that I have read this form, understand and agree with its contents.

(required) By checking off this box, I agree to all the terms above and understand that my typed name below is as legally binding as my physical signature.

Client's signature (full name):   
(required)

Date:   
(required)