bbdNutrition
Nutrition is BetterByDesign

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 ☐ Female ☐
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;

1. $150 plus GST (5%) paid 24 hours' prior to the Assessment (first) appointment
2. $100 plus GST (5%) paid 24 hours' prior to the Risk Assessment and design of my Meal Plan
3. $100 plus GST (5%) paid 24 hours' prior to the Nutrition Education Session appointment

*A $10 service charge per installment applies only on credit card payments.

○ B.   The Flexible Payment Option for **all other packages** require payments (credit* or e-transfer) as follows;

1. $150 plus GST (5%) paid 24 hours' prior to the first appointment
2. $100 plus GST (5%) paid 24 hours' prior to the second appointment
3. $100 plus GST (5%) paid 24 hours' prior to the third appointment

*A $10 service charge per installment applies only on credit card payments.

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)