



Corporate Spa Membership Program

Are you looking for a way to thank clients for their loyal business?

Do you need a memorable reward for successful hard working employees?

Body del Sol Medical Spa is pleased to offer a Corporate Benefits Program. We are the perfect place for your employees and colleagues to relax, rejuvenate and refresh themselves.

Two Ways on How the Program Works:

All businesses with one or more employees are invited to join. Simply fill out the attached application along with a list of your employees (*for larger corporations employee badges will suffice but must be presented each time to receive discount*) and fax to Body del Sol Medical Spa 559-432-7541. Your company will be enrolled as soon as we receive it and your employees may use the spa benefits beginning the same day. Benefits apply to full time as well as part time employees

Your business will be added to our database. When an employee makes an appointment, the appropriate deduction will be made upon check out.

1. At no cost to employer – Once your company has enrolled, your employees will enjoy a 15% discount off of any regular price spa services **OR**
2. You may fax over a specific list of clients and/or employees that would frequent the spa for services and have a corporate credit card on file. A monthly billing would be mailed to you for your records.

Additional Benefits to Employers

In addition to providing an outstanding benefit to your employees or clients, your business is also eligible to receive 5% discount when you purchase gift cards totaling \$500.00 or more (gift card purchase must total \$500.00 at the time of purchase to receive the discount and may be in any increments, for example – ten \$50.00 gift cards or twenty \$25.00 gift cards)

Increase Health

Provide you and your staff with ongoing discounts – for better health – by joining our corporate discount program!

Thank you for your interest in our Corporate Spa Membership Program



Medical Spa

Corporate Spa Membership Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Human Resource Contact Name: _____ Email: _____

Phone Number: _____ Ext: _____ Email: _____

Accounting Manager Contact Name: _____

Phone Number: _____ Ext: _____ Email: _____

Number of Employees: _____ Type of Business: _____

How Many Years in Business: _____

Method of Participation: _____ Badge Only _____ On Account _____ One Time Use

(Please print this form, complete information, attach any specifics and fax over for each "One Time Use" for example a certain service for a client, gift card purchases, spa gift baskets, etc)

Payment Type			Name on Card			
COD	CC Visa or MC	Other				
Amount Charged			Credit Card Number		Expiration Date	CVV

Authorized Company Agent _____ Date: _____

Title: _____

Please Fax to Body del Sol Medical Spa 559-432-7541