

PATIENT INFORMATION	
Full Name	
Address	
Postcode	
Telephone	

TREATMENT DETAILS

PAYMENT SCHEDULE	
Total Treatment Cost	
Deposit Paid	
Number Of Instalments	
Monthly Amount Due	
Date Of Payment	<input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> 30th

CUSTOMER AGREEMENT

I, _____, agree to the above payment schedule between myself and Bella You Ltd.

I will arrange a standing order to pay the amount of £ _____ each month for a total of _____ months to Bella You Ltd's bank account, as detailed below:

NatWest
 Account Number: 26040131
 Sort Code: 60-24-77

I understand that missing a payment will invalidate this agreement causing the outstanding balance to be payable within 14 days. After this time a monthly interest rate of 15% on the outstanding balance will be incurred and legal proceedings will be undertaken to recover the amount owing if necessary.

PRINT NAME (PATIENT)	SIGNED (PATIENT)
PRINT NAME (CLINICIAN)	SIGNED (CLINICIAN)
	DATE