## **IPL Plan Application Form**

Title				
First Name		Last Name		
Gender	Female Male			
Email	☐ No - Please do not send me a	nv emails on members	specials or treatment promotions	
Address			,	
Suburb				
Town				
Telephone				
Mobile		YES - Please text	me appointment reminders	
Birthday	Day Month	Year (Op	otional)	
Please select whi	ch IPL plan you wish to joi	n:		
6 Month Plan			12 Month Plan	
☐ 1/2 Leg (men)☐ Full Leg (wome	23.75 a months \$57.00 nths \$80.75 a \$133.00 onths \$114.00 nths \$247.00 oths \$114.00 oths \$156.75 onths \$42.75 months \$23.75 a \$66.50 onths \$90.25		☐ Chin 12 months \$31.50 ☐ Lip 12 months \$22.50 ☐ Sides of Face 12 months ☐ Full Face 12 months \$76. ☐ Chest 12 months \$126.00 ☐ Shoulders 12 months \$10 ☐ Full Back 12 months \$108 ☐ Forearm 12 months \$108 ☐ Full Arm 12 months \$40 ☐ Tummy Line 12 months \$40 ☐ Tummy Line 12 months \$63.00 ☐ Brazilian 12 months \$85. ☐ Nipple 12 months \$22.50 ☐ 1/2 Leg (women) 12 months ☐ Full Leg (women) 12 months ☐ Full Leg (men) [men] ☐ Full Leg (men) [	50 68.00 4.00 6.00 6.50 6.50 6.50 6.50 6.50 6.50 6.50 6.50 6.50 6.70 6
Total per mon	th to pay \$	/mont	h	
Start date:		first payment due	out)	
I wish to join IPL Payment Plan (6 or 12 months) and I have read and agree to the terms and conditions.  I understand a DD of \$ will be deducted from my nominated bank account on the 20th of the month for the term of the plan.				

Date

Signature