



Order/Access Card Number _____

BRIARLAKE PLAZA FITNESS CENTER PAYMENT FORM

PLEASE COMPLETE ENTIRE FORM Date _____

Name _____ Company _____

Building _____ Suite _____ Work Phone _____ Home/Cell Phone _____

Email Address _____

\$27.06* per month x _____ (Number of Months Paid) = _____ Total Payment Membership Start Date _____

Prorated Payment (if applicable) _____

Method of Payment (check one) _____ Discover _____ MC _____ VISA _____ Time of Phone Order _____

Credit Card Number _____ Expiration _____ Security Code _____

Recurring Charges ____ Yes ____ No Frequency Annually Quarterly Monthly

Card Billing Address _____ Zip _____

Signature _____ Print Name _____

*Includes Sales Tax. Termination Date _____

Management Office: **One BriarLake Plaza, Suite 175** Signature _____
Phone: 713-952-1900 Fax: 713-978-7181
BLPFrontDesk@Tierreit.com Date of Request _____

MEMBERSHIP SHALL BE TERMINATED IF PAYMENT IS NOT RECEIVED BY THE 1ST OF EACH MONTH.

For Management Office Use Only: _____
Check if Entered

Termination Date: _____
Check Credit Card Cancelled