



A Product of

**Health Factors Empowering Self Care Inc.**

Suite 501 - 1630 Pandosy Street  
Kelowna, British Columbia V1Y 1P7  
Canada

**LEAP Client Contract**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Prov, Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Monthly Fee:** \_\_\_\_\_

Plus any applicable taxes.

**Method of payment:** \_\_\_\_\_ Credit card \_\_\_\_\_ Postdated cheques

Please note your services are to be pre-paid. Your first payment is due immediately.

Either party can terminate this agreement with 30 days notice in writing sent to

[lindaducharme@myoutcomes.com](mailto:lindaducharme@myoutcomes.com)

**Service terms and payment agreement:**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

<b>If payments are being made by credit card, please provide the following information</b>	
_____ Visa _____ Mastercard	Credit card number: _____
Expiry date: _____	Name on card: _____
Credit card use signature: _____	

Payments will be processed once per month.

Business No: 86733 3304 RT0001

**Please scan, complete and email this document to [lindaducharme@myoutcomes.com](mailto:lindaducharme@myoutcomes.com)**