ABSORB
FEED YOUR HEALTH

ABSORB MONTHLY SUBSCRIPTION FORM

Payment Agreement

I agree that I am contracting with Laure Boutrais of Absorb Health.

Water kefir subscription:

This subscription will provide the following:

- 6 x 750ml bottles of Water Kefir (flavours of your choice) each month to be collected at a Farmers Market in Roath (Cardiff), Riverside (Cardiff), Rhiwbina (Cardiff), Cowbridge or Kenfig Nature Reserve or at Bridge Studios, 454 Western Avenue, Cardiff CF5 3BL on a pre-arranged day/time. **Note**: Two collections of 3 x 750ml bottles can apply if more suitable to your needs.

OR

- Delivery option: add £2.5 per delivery within Cardiff area / £5 Bridgend, the Vale, Newport, Caerphilly areas / £7 Llanelli, Neath areas.

In exchange for this product, I agree to pay Laure Boutrais, Absorb Health one of the following (please circle the option of your choice: 1, 2, 3, 4 or 5):

1/ £24 a month (collection, either 1 x 6 bottles or 2 x 3 bottles)

2/ £26.50 a month (1 x delivery of 6 bottles, Cardiff area)

3/ £29 a month (2 x deliveries of 3 bottles, Cardiff area)

4/ £29 a month (1 x delivery of 6 bottles, Bridgend, Vale, Newport, Caerphilly aeas)

5/ £31 a month (1 x delivery of 6 bottles, Llanelli, Neath areas)

I understand that I am required to set up a monthly STANDING ORDER to the account below.

I understand that I am required to return the empty bottles for reuse (when possible).

I understand I am committing to paying this monthly standing order for a minimum of 3 months. Note: 3 months provides a suitable time period for your body to acclimatize to the water kefir probiotics and assess the benefits in how you feel.

If I do not make a full payment, then I will no longer be eligible for this payment plan and will no longer receive the product and/or service.

I understand that if, for any reason, after three months I want to cancel this subscription, I can do so by informing Absorb Health in writing via e-mail or post.

I understand the above and acknowledge I have received this information.

I agree to the terms for the subscription detailed above.

Name:

_____

Address:

_____

_____

City:_____

Post

code:_____

Email:

_____

Phone:

_____

Signature:

_____

Date:

THANK YOU!

Bacs:

Account Name: ABSORB / Account No: 21947049 / Sort Code: 09-01-29

Please email your signed agreement to Laure at**: absorbhealth@outlook.com**

Or post to: Laure Boutrais, 4B Pentwyn Court, Heol Pentwyn, Cardiff, CF14 7BY