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CM Membership

CHIC MAINTENANCE MEMBERSHIP CONTRACT

PLAN:

SILVER GOLD PLATINUM

SERVICE DATE: _____

Customer Name: _____
Phone: _____ **Cell:** _____
Address: _____
City: _____ **Zip Code:** _____
Community: _____

Gate Access Required? Yes No
Contact Name for Access: _____
Phone: _____ **Cell:** _____
Email: _____

Amount of Openings: _____
Additional Openings: Yes No **Amount:** _____

CMM Plan Cost: _____
Additional Opening Cost: _____
Other Additional Cost: _____ (Details on Additional Page)

Total Maintenance Yearly Cost: _____

I agree to join CMM on an automatically renewable yearly basis, using the attached Credit Card form. CHIC will conduct the maintenance, as per the chosen plan, on the service date listed above. Cancellation of this contract requires sixty days notice prior to the service date.

Customer Name

Signature

Date