



Membership start date:	
Specials:	



Company Payment Authorization Form

Company Bill Back Information

This form is to be filled out **only** by an individual authorized to approve charges to their company for use of the Fourth & Madison Fitness Center.

Full Name: _____ Company: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

Annual Payment Amount

\$100/employee X _____ (number of Fourth & Madison employees) for a total of \$_____ to be billed to my company annually.

I confirm that I am authorized to bind the Company identified above to this agreement. I hereby authorize the purchase of services from T-C 4th & Madison LLC through the use of this Company Payment Authorization Form. I agree that the Company will pay for this purchase and indemnify and hold harmless T-C 4th & Madison LLC, Hines Interests Limited Partnership, and their officers, agents, employees, representatives, executors, and all others acting on their behalf from and against any liability pursuant to this authorization. I authorize the Company to be billed for the use of the Fourth & Madison Fitness Center by the Company's employees at Fourth & Madison. I agree that the Company will provide copies of the Fitness Center Membership Agreement to every employee who has access to the Fourth & Madison Fitness Center and that the Company hereby assumes responsibility for securing each employee's consent to those Agreements. I further agree that the Company will indemnify and hold harmless T-C 4th & Madison LLC, Hines Interests Limited Partnership, and their officers, agents, employees, representatives, executors, and all others acting on their behalf from and against any liability associated with the failure to secure an employee's agreement to the Fitness Center Membership Agreement. I agree that Hines reserves the right to adjust or reconcile the payments for access to the Fourth & Madison Fitness Center on an annual basis in the event of a significant change in the number of the Company's employees at Fourth & Madison.

Company Authorized Signature: _____ Date: _____

Name of Authorizer: _____