SAVAGE DANCE COMPANY, INC.
102 Competitive Goals Dr. Sykesville, MD 21784

DANCE AND FINE ARTS TUITION
2012-2013
Installment Agreement & Credit Card Authorization Form

Student Information: **FULL Tuition Amount:**

_____ _____
First Mi Last

SDC Tuition Installment: Credit/debit payments will be charged on the 5th of the month and no later than the 7th of each month.

MONTHLY INSTALLMENT	**AMOUNT TO BE CHARGED**	**DATE CHARGED**
DOWN PAYMENT	_____	_____
09/01/12	_____	_____
10/01/12	_____	_____
11/01/12	_____	_____
12/01/12	_____	_____
01/01/13	_____	_____
02/01/13	_____	_____
03/01/13	_____	_____
04/01/13	_____	_____
05/01/13	_____	_____
06/01/13	_____	_____

SDC Costume Installment: **Credit/debit payments will be charged on two dates in equal amount on the 15th of the month and no later than the 17th of the month.**

11/01/12	**50% of my total costume bills**	_____
01/01/13	**50% of my total costume bills**	_____

Payment Guarantor Information **Relationship to Dancer**

_____ _____
First **Middle** **Last**

Credit or Debit Card Authorization Information

VISA / MASTERCARD

Name on Credit Card **Credit Card Type (please circle)**

Card Number **Security Code (3 digits on back)** **Expiration Date** / /

Billing Address of Credit Card Authorizer **Home Telephone Number**

CREDIT CARD AUTHORIZATION

I hereby authorize Savage Dance Company, Inc. to charge my credit or debit card according to the installment plan identified above for the purpose of paying my dance/fine arts instruction at Savage Dance Company for the 2012-2013 semester. I have read the aforementioned and fully understand that these charges will continue and this authorization will remain in full force until the full amount of the financial obligation of 2012-2013 tuition and costume payments as noted above are fulfilled. I agree in the event that the charges are denied by the credit card/debit institution identified above for any reason, I will be notified and obligated to pay by other means within 15 days of such notice. I also understand that I will be financially responsible for payment of late fees and/or penalty fees should the institution assess such charges on Savage Dance Company, Inc. I also understand that in order to stop automatic payments, I am responsible for timely completing the Add/Drop/Withdraw Form and submitting to Savage Dance.

_____ _____
CARD HOLDER SIGNATURE **DATE**