# Installment Agreement & Credit Card Authorization Form

**102 Competitive Goals Dr. Sykesville, MD, 21784**
**2014-2015**

**Student Information:** **Monthly Tuition Amount:**

First Mi Last

**SDC Tuition Installment**: Credit/debit payments will be charged between the 5th and the 7th of each month.

## *Credit or Debit Card Authorization Information*

**Name on Credit Card** **Credit Card Type (please circle) NO AMEX** **VISA / MASTERCARD**

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

**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 2014-2015 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 2014-2015 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.**

**CARD HOLDER SIGNATURE** **DATE**