



Installment Agreement & Credit Card Authorization Form

102 Competitive Goals Dr. Sykesville, MD, 21784
2017-2018

Student Information:

Monthly Tuition Amount:

First

Last

SDC Tuition Installment: Credit/debit payments will be charged between the 1st and the 3rd of each month.

Credit or Debit Card Authorization Information

VISA / MASTERCARD

Name on Credit Card

Credit Card Type (please circle) NO AMEX

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 for dance/fine arts instruction at Savage Dance Company for the 2017-2018 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 2017-2018 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