



Payment Plan Authorization Form

First Name: _____ Last Name: _____

Phone Number: _____

Billing Address: _____ Billing Zip _____

Credit Card Payment Plan

Every: _____ Day(s) Week(s) Month(s)

Start Date: Month: September 2020

End Date: Month: June 2021

Payment Amount \$ _____

Customer's Credit Card Information

Account Number _____

Expiration Date _____

V-Code (3 digit code) _____

Payment Authorization

If a payment is not made to the Service Provider by the date given above, I authorize Dance Xplosion to charge my given credit card. This authorization shall remain in effect until the Service Provider receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days). I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form. All other changes such as payment amount, frequency, will require a new Payment Authorization Form to be filled out and submitted to Dance Xplosion 15 days prior to any change being implemented. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the Credit Card Company, and Dance Xplosion harmless from damage, loss or claim resulting from all authorized actions hereunder.

Signature: _____

Date: _____