



Payment Plan Authorization Form

First Name: _____ Last Name: _____

Dancer's Last Name (if different from above): _____

Phone Number: _____

Billing Address: _____ Zip Code: _____

Credit Card Payment Plan

Start Month: September 2022

End Month: May 2023

Payment Amount: \$ _____

Customer's Credit Card Information

Card Number: _____

Expiration Date: _____ CVV Code: _____

Payment Authorization

If a payment is not made to Dance Xplosion by the due date, I authorize Dance Xplosion to charge my given credit card for the total amount due. This authorization shall remain in effect until Dance Xplosion receives written notification from me of intent to terminate at such time and in a manner that allows Dance Xplosion reasonable opportunity to react. Alternative payment arrangements must be made to terminate this agreement. If I choose to submit payment with an alternate method, this must be communicated and done so 5 business days prior to automatic billing. 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: _____