



Automatic-Tuition Credit Card Authorization

CREDIT CARDHOLDER INFORMATION					
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NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC			

Please sign here if you want your credit card to remain on file for future charges.					
CREDIT CARD NUMBER					
SECURITY CODE/CVV					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

Your membership begins on _____. You have elected to your tuition amount of _____ in full/ _____ on a monthly basis. Your registration fee of \$_____ and a costume deposit of \$_____ is due today. Your total tuition due is _____. Your tuition installment payments will be due and processed on the 1st of each month, _____ through _____.

_____ (Initial) Following the initial payment, your tuition will automatically continue to bill on a month to month basis at _____ per month until your tuition amount due is paid in full. All cancellations require 30 days written notice to Integral Ballet School., and are effective 30 days after the date received. Payments due prior to that date will be charged as scheduled. You may redeem classes until cancellation takes effects 30 days after written notice is received by Integral Ballet.

_____ (Initial) You will be responsible for alternate payment arrangements and any late or overdraft fees if Integral Ballet. is unable to process your payment.

_____ (Initial) We agree to sell and you agree to purchase the membership, goods and services described herein. You agree to pay us for the membership, goods and services according to the payment schedule above. Your signature below indicates your agreement to be bound by the terms, conditions, rules and regulations of this agreement. All of the terms and conditions in this agreement are a part of this agreement. All persons signing this agreement are fully responsible for paying it in full. You agree to receiving and reading a completed copy of this agreement before signing. You understand our rules and regulations and the terms in this agreement.

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. I authorize Integral Movement Arts, Inc. to charge my credit card for tuition payment or services received on the first of each month _____ through _____, and to verify the billing address of my credit card with the issuing bank upon my signature. By signing this authorization, I acknowledge that I have read and am in agreement with all of the above. All information given is complete and accurate. Monthly tuition and fees will be withdrawn on or after the same day each month. I understand that Integral Movement Arts, Inc. may continue to charge my account or cancel my membership in accordance with the terms in this agreement. Additionally, I authorize Integral Ballet. to charge my credit card on file in lieu of presenting it for any services received, at my request.

CARDHOLDER NAME			
SIGNATURE		DATE	