

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD (check one or insert other)		Visa	Mastercard		
EXPIRATION DATE/CVV					
Please sign here if you want your credit card to remain on file for future charges.					
CREDIT CARD NUMBER					
BILLING STREET ADDRESS					
CITY	Bellmore	STATE	NY	ZIP CODE	11710
EMAIL		PHONE			

_____ (Initial) Your enrollment terms is the 2022-2023 Academic Year. You have elected to your tuition amount of \$_____ (check one) _____ in full/_____ in 9 monthly payments. Your registration fee of \$50 per child and, if applicable, a costume deposit of \$50.00 per family is due October 15th. Your total tuition due is \$_____.

_____ (Initial) You have elected to pay your tuition in 9 monthly payments (September -May) each payment will be processed the 1st of each month, September through May. The first payment includes first and last month, all applicable registration fees, as well as the monthly processing fees outlined on our current tuition schedule.

_____ (Initial) Integral Ballet does not permit withdrawals after **November 1st of any given school year for any dancer. Withdrawals are permitted for children under 7 years of age only until November 1st. No refunds or class credits on tuitions paid will be given.** After Nov 1 of any given school year, academic term tuition must be paid regardless of attendance. 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. Changes to your billing method 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.

_____ (Initial) You will be responsible for alternate payment arrangements and any late or overdraft fees if Integral Ballet is unable to process your payment. If we are unable to collect a monthly payment, your full remaining balance will be invoiced and charged automatically.

_____ (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 Ballet to charge my credit card for tuition payment or services received on the first of each month, September through May 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 Ballet School 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	_____		