

Brighter Days Dance Payment Plan Agreement

This payment plan agreement for Brighter Days Dance is made and entered into by _____, whose phone number is _____ and whose email is _____ and Brighter Days Dance Studio.

Total Balance Due _____

_____ I plan to pay the entire balance due in full by _____.

OR

_____ I plan to pay _____ by the last day of the month, every month for _____ months.

OR

_____ I plan to pay _____.

If you do not receive cash or check by the dates stated above, please charge my credit card. I authorize the payment along with the 4% service fee.

Card # _____ Exp. _____ CVV _____ Billing zip code _____

Card holder signature _____

If the credit card listed does not work, the balance must be paid in full by March 1, 2023. If the unpaid balance is not paid in full by said date, my child(ren) will not be able to participate in the fall rehearsal and recital the week of March 19, 2023.

I have read the payment plan agreement. I understand and accept all its terms in full.

Dance Family Signature _____ Date _____

Brighter Days Dance Signature _____ Date _____