



KISS THEATRE CO. PAYMENT PLAN FORM

Name on Credit Card _____

Card # _____ Expiration _____ 3 digit Code _____

Zip Code _____ Email _____

Workshop _____ Tech Week Start _____

Child's Name _____

Payment Schedule:

Payment 1

Amount: _____

Date of Charge _____

Payment 3

Amount: _____

Date of Charge _____

Payment 2

Amount: _____

Date of Charge _____

Payment 4

Amount _____

Date of Charge _____

I hereby authorize KISS Theatre Company to make these charges to my credit card on or after the dates listed and in the amounts indicated above. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this recurring payment plan agreement with KISS Theatre Company.

All payments for tuition must be made PRIOR to tech week. A \$5 fee may be charged for EACH payment to cover the credit card processing fees.

SIGNATURE _____

DATE _____