



CREDIT CARD BILLING AUTHORIZATION FORM	
CHILD'S NAME:	
NAME ON CREDIT CARD:	
CREDIT CARD TYPE:	
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVC NUMBER:	
COMPLETE BILLING ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
CUSTOMER ID:	PLEASE INITIAL:

YEARLY TUITION BREAKDOWN OPTIONS	INITIALS
PAY IN FULL	
SEMESTER – Sept 1 st & Jan 1 st	
10 EQUAL PAYMENTS – July 15 th and September 1 st to May 1 st	
ADDITIONAL FEES	
DIGITAL DOWNLOAD FEE – March 15 th (Dance students only)	
MATERIALS FEE – Oct 1 st (Music Students only)	
NON-COMPETITIVE COSTUME FEES – Nov 15th	
COMPETITIVE COSTUME FEES – Oct 15th	
ACADEMY COSTUME FEES – Feb 15th	
ADDITIONAL AGREEMENTS	
I acknowledge that my credit card will be debited automatically, on the 1 st of every month, to cover all tuition fees.	
I acknowledge that my credit card will be debited automatically, on the respective due date, for any extra fees that may arise including, but not limited to festival fees, workshop fees, clothing sales, late fees, additional solo, duet or trio fees, music books etc.	
I understand that I will be emailed the final price breakdown prior to my first payment being processed.	

The applicant agrees that all information provided is accurate and complete. Applicant acknowledges that services may be terminated, at Adage' Studio's discretion, if any charges are declined or charge backs are claimed against any outstanding invoice amount past 90 days. Disputes to amounts invoiced or changes in status of this card should immediately be reported to emily@adagestudio.com

Applicant agrees that Adage Studio may securely store this card for continued use until expired or until the applicant is no longer receiving services from/indebted to Adage Studio.

The undersigned is the duly authorized representative of the credit card information above

Authorized Signature: _____ Date: _____

Print Name: _____