

60/40 Installment Agreement Form 2021

Customer Assignment and Electronic Funds Transfer Authorization for Stars Gymnastics LLC 410 N. Azusa Ave. Covina CA 91722 626-331-8841

Custo	omer's Full N	ame As It	: Appears O	n Credit Card Acco	ount Credit Card							
Cust	omer's Billing	Address	- Street - A	partment and/or L	ot Number							
City Stat					Zip Co			de				
Cred	it Card Numb	er				<u> </u>	<u> </u>			I I		
	edit card mus	t be pres	1				T =					
Type:			Expiration	on:	Zip Code:			CVC:				
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				Ema	ii Address							
Student First Name					Student Last Name			Class/Level				
eight methorstars offer and the state of the	(8) week session od at any time of Gymnastics LLC any Installment of their enrollment of reason, Stars be paid prior the ession without	n(s). I undo on or prior I unders discounts t will need Gymnastic o re-enroll any refundance. I und	erstand that I to the 2 nd Sat tand that this , or automatic I to be done dos LLC reserved ment. I under I d, credit or ma	E to draft my (our) ac am in full control of urday of the session payment is ONLY for cally enroll my child in uring open registrati is the right to add a D estand that non-paymake up classes. By sig there are no cancellate	EFT payments. I may or change my paym the remaining 40% nto the next session on, along with the inteclined payment fement will result in my gning, I understand	y pay the kent methorsession to a session to a control or any furnitial payme in the any child being that I amouth	palance using with 5 duition balar in the sessinent. In the mount of -1 and committing committing committing	ng a diff lay prior nce. This ons at S e event, twenty- d from the	erent pay written r Agreeme tars Gym payment five dolla ne remair second ho	yment notificatent does nastics I is decli rs (\$25) ning wee	ion to s not LLC. ined . Fee eks of	
Purchaser Printed Name				Purchaser Signature			Date					
Session #1 Session			NLY IN THE A	PPROPRIATE BOX I	OR THE SESSION	Session YOU ARE ENROLLI Session #4 Session						