

ARVADA CENTER FOR THE ARTS AND HUMANITIES

Customers who wish to pay for 2013-2014 Drama Program Packages using the Installment Payment Plan must complete and sign this form. Please return to the box office in person, via mail 6901 Wadsworth Blvd, Arvada, CO 80003 or fax 720-898-7204

All requested information is required.

Frequency: 3 payments **Initial Payment on (date):** _____

(to be verified by box office) CSR Initial: _____

Subsequent two payments on the 5th of the following months: January 2014 and April 2014

Office Use Only: Promo Code _____ CSR _____ ID # _____ Order # _____

I hereby authorize Arvada Center for the Arts and Humanities to automatically charge my credit card for the amounts indicated above, first payment upon receipt of order and the following 2 (two) payments on the 5th of the months as listed above until paid in full. I agree to notify Arvada Center for the Arts and Humanities of any changes in the status of the credit card listed above including cancellation of the credit card or changes in the expiration date. I understand that in the event my credit card is declined for payment there will be a \$30 late fee assessed to my account. (All fees are subject to change.) I have read and fully understand the information listed on this agreement.

Customer Information:

Customer Name (Print)

Phone

_____ - _____ - _____

Customer Billing Address, City, State and Zip Code

Customer's signature:

Date:

Credit Card Information:

Arvada Center for the Arts and Humanities accepts the following credit cards:

_____ Visa

_____ MasterCard

_____ Discover

Credit Card number: _____ Expires Date _____ / _____

Cardholder's name:

Cardholder's Zip code (required)

_____ (as shown on credit card)

_____ (use credit card billing address)