



Payment Plan Contract

The purpose of this payment plan agreement is to design a schedule of installments towards fees due to Nantucket Community School for service provided.

Student Name :			
Billing Address:			
NAME:			
ADDRESS:		-	
		-	
Mailing Address: Same As Above			
ADDRESS:			
		•	
Program/Class(es) Enrolled In:			Fee:
		\$	
		\$ \$	
		٧	
	Total Program Fees:	\$	
	Initial payment 50% of class fee (per class):	\$	
	Balance Remaining on Payment Plan:	\$	

The remaining funds will be divi	ded evenly between plans.	
Plan Options:		
1 payment		
2 payments		
Payment Options (pick one)		
Payments will be made by o	credit card which I authorize you t	o use.
Credit Card Information: (Master	Card and/or Visa *NO American E	express) please circle one
Name as appears on card:		
Number:		
Expiration Date:	CVV:	
Billing Address:		
Payments will be made by o	cash or check.	
Due Date	Amount Due	
November		
December		
		-
]
TERMS AND CONDITIONS	: :	
of every month. If a check is returned for Payment must be comple actively enrolled in the p If payment is not receive withheld. All outstanding balances registering for new prograched such as fie I certify that I have read	insufficient funds, there will be a eted by the terms of the payment rogram, obtain dancers costume(d on time, the customer's future with the Community School must rams. Failure to do so will jeopard trips, athletics and graduation.	e plan for participants to remain s) and receive two free recital tickets. enrollment in all NCS programs will be to be paid in full in advance to lize attendance in Nantucket Public ons and terms of this agreement.
Signature:		Date: