

EasyPay II

PARTICIPANT/ BUYER INFORMATION

Participant's Name: _____
(first) (MI) (Last)

Mailing Address: _____
(street) (City/Town) (State/Zip)

Phone Numbers: Day _____ Evening _____

DOB: ____/____/____ Occupation (adults): _____

Buyer (person or organization responsible for Participant's tuition):

Self, or Name: _____ Phone #: _____

Address: _____
(street) (City/Town) (State/Zip)

Billing Address (if different): _____
(street) (City/Town) (State/Zip)

PAYMENT INFORMATION

Full Participation Rate \$ _____

Partial Participation Rate (under age 9) \$ _____ (Until: ____/____/____)

Locker Rental: \$ _____ Other: \$ _____

Total Monthly Payment: \$ _____ First Monthly Payment Date: ____/____/____

Start-up Payment* (2 x Monthly Payment): \$ _____ Payment Date: ____/____/____

*Participants first month and last month of membership.

VISA M/C AMEX Discover Checking Account Savings Account

(Please attach 1st check, voided check, savings deposit slip, or 1st Credit Card Payment)

Account #: _____ Routing #: _____

Exp. date: ____/____/____ Security Code: _____

TERMS OF AGREEMENT

I, the Buyer, understand that by choosing this membership payment option I am receiving a discount on the noted Participant's tuition and "locking" into that tuition, so that it will not increase for as long as this payment plan continues. I understand that I must provide updated information within three (3) business days in the event that any of the information that I have provided changes. I understand that this payment plan does not exclude the Participant from other costs such as equipment, supplies, or rank testing fees. ____ (initial)

I, the Buyer, understand that this is a continuous monthly payment plan, for the noted Participant's membership, which requires two (2) months written notice to terminate. I understand that my "Start-up" payment is for the participant's first month and last month of membership. I understand that, following my "Start-up" payment, I will make monthly payments beginning on the "First Monthly Payment Date" shown above and on each successive month based on that date. I understand that I will continue making monthly payments until I provide written notice of termination to the ZenQuest Martial Arts Center. Following my written notice, I will make one additional payment according to my established payment schedule, and the Participant's membership will continue for two (2) months based on my final payment. I understand that my final monthly payment must be submitted for my two (2) month termination notice to take effect. ____

I, the Buyer, may cancel this agreement by submitting written notice by midnight of the ZenQuest Martial Arts Center's third business day after the date of this agreement. I also understand that I may otherwise only cancel this agreement by providing written notice of a medical condition preventing the Participant from continuing, or the Participant's Deployment in the Armed Services. I understand that any outstanding payments must be brought current and any property belonging to the ZenQuest Martial Arts Center must be returned at the time of cancellation. I may choose to place this agreement on hold as an alternative to cancellation in these cases. I understand that there are no refunds for any membership payments. ____

I, the Buyer, understand that if initially enrolling with the "Partial Participation" rate shown above, the noted Participant's membership shall upgrade to "Full Participation" when they become nine (9) years of age. Consequently, the Participant's Total Monthly Payment will then be based on the "Full Participation" rate shown above on the date noted. I understand that if my monthly payment was based on a family discount, and that discount becomes ineffective, my monthly payment will be increased to the appropriate rate. ____

In the unlikely event that the ZenQuest Martial Arts Center closes and ceases doing business, I am no longer obligated to make payments under this agreement. I understand that the ZenQuest Martial Arts Center reserves the right to suspend or cancel this membership agreement. I, the Buyer, understand that no exceptions will be made regarding these policies. ____

Buyer's Signature: _____ Date: ____/____/____

Authorized By: _____