

A FROST DANCE

E X P E R I E N C E

a personalized dance experience in an exciting and encouraging environment

PAYOR'S PAD AGREEMENT
Personal Credit Card
Authorization of the Payor to the Payee

Instructions:

1. Please complete all sections in order
2. Please sign the Terms and Conditions on the reverse of this document.
3. If you have any questions, please write or contact A Frost Dance Experience.

PAYOR INFORMATION (Please type or print clearly)

Payors Name(s):	
Address: (if different than address we have on file)	
Telephone:	
Signature of Payor(s):	Date:

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly)

Visa	Expiry Date	Credit Card Number
Mastercard		
Name on Card		

PAYEE INFORMATION (Please Type or print clearly)

Payee Name: A Frost Dance Experience
Address: 184 Marina Blvd., Suite 9, Peterborough, ON K9H 6M9
Telephone: (705) 740-0002 Email: dance@afrostdance.com

PAYMENT INFORMATION (Please type or print clearly)

Please specify whether the payment is a:

(Please check one)

Fixed Amount: (Please specify amount)

Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount:

Occurring at: (Please check one)

Set intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly) 3 payments

The Payor must describe the occurrence of an Event or other criteria that will trigger the debit of the account.
An example would be: **"Funds can be withdrawn from the specified account as agreed"**

Type the mandatory description here: