



PAYMENT PLAN AGREEMENT

Client details

First Name: _____ Surname: _____

Email: _____

Phone: _____ Cell: _____

Postal Address: _____

Payment Plan details

First Payment Date: ___/___/_____

Payment Frequency: Weekly Fortnightly (please select one)

Payment Amount: \$_____

Final Payment Date: ___/___/_____ or Ongoing for duration of enrolment

Terms & Conditions

- I agree to pay for all services and products provided by The Rose Academy of Dance & Performing Arts Ltd. This may include but is not limited to term fees, exam fees, costume charges, dancewear, and private lessons.
- I agree to pay all amounts owing by the above specified final payment date, unless it has been arranged for an ongoing payment plan for the duration of enrolment.
- I acknowledge that if there is an outstanding amount after the above specified final payment date, a 10% late fee may be applied to my account.
- The weekly/fortnightly payment is due in advance.
- I acknowledge that my student/I will only be entitled to attend classes for the period that has been paid for. I/My student may be turned away from class if a scheduled payment is missed.
- If outstanding charges remain at the end of a term, The Rose Academy of Dance & Performing Arts Ltd reserves the right to suspend the student's enrolment until the account is cleared.
- The Rose Academy of Dance & Performing Arts Ltd reserves the right to refer outstanding accounts for debt collection. In the event of my account being referred for debt collection, I agree that I will be responsible for paying any debt collection fees and charges, additional to the amount owing to The Rose Academy of Dance & Performing Arts Ltd.

Client Signature: _____

Director's Signature: _____

Date: ___/___/_____

Date: ___/___/_____