



Armonk International Tennis Academy

Winter 2018/19 Payment Plan

Team Path @ Armonk Tennis Club

- Team Prospects – \$1000 deposit | 6 payments of \$685
- Team Juniors – \$1000 deposit | 6 payments of \$750
- Team Futures – \$1000 deposit | 6 payments of \$750

High Performance Path @ Armonk Indoor Sports Center

- HP Juniors – \$1000 deposit | 6 payments of \$1085
- HP Futures – \$1000 deposit | 6 payments of \$1085
- HP Team – \$1000 deposit | 6 payments of \$875
- HP Elite B – \$1000 deposit | 6 payments of \$1125
- HP Elite A – \$1000 deposit | 6 payments of \$1045

Installment Note

For value received, I/we, or either of us, promise to pay to the order of Armonk Tennis Associates, LLC DBA Armonk Tennis Club or North Castle Sports Associates, LLC DBA Armonk Indoor Sports Center, or its assigns, the total amount of \$_____ in six consecutive monthly installments of \$_____ due on the 15th day of each month beginning September 15, 2018.

I understand that my failure to regularly attend and utilize the program does not relieve me of my obligation, regardless of the circumstances, to pay the installment note in full. I understand that, except as herein provided, my program fee is noncancelable. Should I default, I agree to pay all costs of collection, including but not limited to, collection agency fees, court costs, and reasonable attorney's fees, all of which may be paid or incurred by the holder of this note. A \$15.00 service charge will be assessed for all rejected checks, credit card, and EFT transfers, subject to appropriate state and federal laws. Should default be made in any monthly installment, the entire remaining sum due hereunder shall immediately be due and payable at the option of the owner of this note and shall bear interest at the rate of 10% per annum from the date of default. If any installment is more than ten days past due, a late charge of \$10.00 may be assessed on each delinquent installment. The holder may extend or postpone payment without notice and without discharging the undersigned. A \$10.00 fee will be assessed for any change in account requested by the debtor for payment of this obligation.

PREPAYMENT: I MAY PREPAY THE ENTIRE AMOUNT I STILL OWE AT ANY TIME. IF I CHOOSE TO PREPAY FOR MY PROGRAM, I WILL NOT BE ISSUED A REFUND FOR ANY REASON OTHER THAN DEATH, DISABILITY, OR LETTER FROM A PHYSICIAN STATING THAT I AM NOT PHYSICALLY ABLE TO PARTICIPATE IN THIS PROGRAM FOR MORE THAN 45 DAYS.

HAVING READ ALL OF THE TERMS IN THEIR ENTIRETY, AND UNDERSTANDING COMPLETELY ALL OF THE CONSEQUENCES THEREIN, AND INTENDING TO BE LEGALLY BOUND HEREBY, AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF ARMONK TENNIS CLUB OR ARMONK INDOOR SPORTS CENTER OF ANY AND ALL LIABILITY, I HAVE FIXED MY SIGNATURE HERETO ON THE FRONT OF THIS DOCUMENT. BY SIGNING BELOW, BUYER ACKNOWLEDGES READING AND RECEIVING A COMPLETED COPY OF THIS ENTIRE AGREEMENT, BOTH SIDES, WITH NO BLANK SPACES.

Name (please print): _____

Signature: _____ Date: _____

Electronic Funds Payment Authorization

As a convenience to me, I authorize my credit card company to make a payment to Armonk Tennis Club or Armonk Indoor Sports Center, as noted above according to the terms of the installment note. I agree that treatment of such payment shall be the same as if it were personally signed by me. I understand that cancellation of EFT authorization in no way relieves me of my obligation to fulfill all contractual obligations.

- MasterCard Visa American Express

Card #: _____ Expiration Date: _____/_____/_____ Security Code: _____

Signature: _____ Date: _____