

## Eagle Sport Aviation Club, Inc.

## **Collegiate Membership – Payment Schedule**

## **Eligibility Requirements**

- This payment schedule only applies to new collegiate member applications with the Eagle Sport Aviation Club (ESA)
- A current accepted credit card (MasterCard or Visa) must be on file with ESA prior to approval of this payment schedule. The credit card on file may not expire prior to the final payment of this agreement (which will be 12 months from the date of signing). The credit card on file may be changed to an alternate credit card during the period of the agreement, but requires at least 14 days advance notice. Any replacement card would need to be received no later than the 15<sup>th</sup> of the month to be charged on the following due date of the 1<sup>st</sup> of the month.
- This agreement (once signed) is **non-refundable**.

## **Promise To Pay**

Contract start date: \_\_\_\_\_

To initiate the agreement, a down payment of \$40.00 (charged to the credit card on file with ESA) is due upon signing. In addition to the down payment, each new member will be required to pay \$440.00 to the Eagle Sport Aviation Club at a rate of \$40.00 per month, for eleven (11) consecutive months. Payments of \$40.00 per month are due monthly on the first (1st) day of each month. All payments are automatically billed to the credit card on file.

Ī	Down Payment	Monthly Payment	Due each month	Total Payment
Ī	\$40	\$40	1 <sup>st</sup>	\$480

Purchase	
	viation Club (ESA) a collegiate membership. I have received and
accepted the membership and its terms/cor	iditions.
Authorization	
I hereby authorize the Eagle Sport Aviation	Club, Inc. (ESA) to automatically charge to my credit card account
(and for my credit card company to accept	and post such entries) rendered by the Eagle Sport Aviation Club,
<del>_</del>	ere is NO option for termination or cancellation of this agreement,
_	edit card fees and interest charges may apply on any balance owed
to the Eagle Sport Aviation Club in respect to	o this agreement/contract.
Member Name:	
(Please Print)	
Email:	Telephone No
	nber agrees to all terms specified in this payment contract and
understands the policies, regulations, limital	tions, and associated fees and charges with this offer.
Member Signature:	Date:
Approving ESA Officer :	Signature :