



2018 Payment Agreement

Contact Name _____

Company Name _____

Address _____

Phone _____ Email _____

Credit Card # _____ Exp Date _____ CVC _____

Name on Card _____ Billing Zip Code _____

Signature _____ Date _____

2018 Registration Amount Due: \$ _____

First Payment \$ _____ **Due immediately upon registration**
minimum 50% of total Payment Amount

Second Payment \$ _____ **Will be charged on July 1, 2018**
minimum 25% of total Payment Amount

Final Payment \$ _____ **Will be charged on September 1, 2018**
minimum 25% of total Payment Amount

I understand the payment structure laid out above and agree to have my credit card automatically billed per the dates stated. Payments are non-refundable but can be reassigned to another individual. Payments must be made in full no later than September 1, 2018 in order for reservation to be finalized at the resort for the above pricing.

Signature _____ Date _____

Questions? Call the ASA-Midwest offices at 816-413-9800
FAX TO 816-817-2260 www.VISIONSouthOfTheBorder.com