

Krav Maga of Orange County

Telephone: 714.876.OCKM (6256)

Email: larry@kravmagaoc.com

www.kravmagaoc.com, www.missionaikido.com

SCHOOL # 9445 New Replacement/Upgrade

Alternate Account # _____ Salesperson's Initials

Card Codes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Membership Agreement

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants with respect to any aspect of a credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

(A) BUYER INFORMATION ONLY - TO BE FILLED OUT BY APPLICANT (PLEASE PRINT CLEARLY)

BUYER'S Last Name	First	Birthdate	Age	Home Phone	E-mail address
()					
Current mailing address	City	State	Zip		
Permanent address if different from above	City	State	Zip	How long at address	
				(yrs/mos)	
Employer	Position	How long	Work Phone		
		(yrs/mos)	()		

I elect to pay my monthly dues via:

Electronic Funds Transfer (EFT) from my Bank Account

Electronic Funds Transfer (EFT) from my Credit Card

In case of emergency, call: _____

Phone: () _____

(B) TO BE FILLED OUT BY SCHOOL EMPLOYEE

1. Today's date is ____/____/____

2. Your agreement begins on ____/____/____

3. Other students who may attend:

FIRST	LAST	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Buyer Receives a Card? Y N 5. Amount of Down Payment is \$ _____

CANCELLATION: This agreement is a continuous payment plan, and will continue until buyer terminates agreement. You the buyer may cancel this agreement by sending a written cancellation notice to the school, thirty (30) days prior to the payment due date on the agreement. This notice must be sent via certified mail. All membership dues payments must be brought current and all items (property of the school) must be returned at the time of cancellation.

LATE PAYMENT AND NON-SUFFICIENT FUNDS: Should any monthly payment become more than 10 days past due, you will be charged a late fee to cover additional administrative expenses and other expenses related to obtaining your payment. A fee will be charged for all returned payments.

WAIVER AND RELEASE OF LIABILITY: The School urges you and all students to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the student's sole risk. Student understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be student's entire responsibility, and the School shall not be liable to student for any claims, demands, injuries, damages, or actions arising due to injury to student's person or property arising out of or in connection with the use by student of the services, facilities, and premises of the School. Student hereby holds the School, its officers, owners, agents and employees harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims.

Student's Signature

YOUR PAYMENT SCHEDULE WILL BE:

When Payments are due each Month	Number of Monthly Payments	Amount of Monthly Payments	First Payment Due Date-ASF Collects
	OPEN END	\$ _____	

MR.

MS.

School Representative

Buyer's Signature

MR.

MS.

Student's Signature (if different from buyer)

YOU, THE BUYER, ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME YOU SIGN IT.

(C) I elect to pay my monthly installment payments by Electronic Funds Transfer (EFT). I understand and agree that should I discontinue this payment method, a \$5.00 fee will be added to each monthly installment to cover the costs of processing and handling.

ASF INTERNATIONAL EFT AUTHORIZATION

I, _____, authorize my bank to make my payment by the method indicated below and post it to my account.

(* Must attach voided check.) or (** Must attach deposit slip.) Checking* Savings** MasterCard Visa Am Ex Discover

Account #: _____ Routing # or Expiration Date (If Credit Card) _____

Number of payments OPEN ENDED, Amount of payment \$ _____, 1st due date _____

This form of payment, if discontinued, does not release you from your payment obligation or membership contract.

Bank Name _____ Address _____ Phone # _____

Authorized Signature _____ Date _____