

Please contact us at 424-215-1272 prior to completing form for exact Installment Amounts

Krave Spring Break 2020 3-Day Payment Plan Authorization Form

Please select 3-Day Weekend Package:

- Hotel Zoso Palm Springs Check In: 4/2/2020 Check Out: 4/5/2020
 Check In: 4/3/2020 Check Out: 4/6/2020
- Deluxe King Bed Weekend Package w/ 1 Free Wknd Pass: \$1035 (includes \$35 Processing Fee)
 - Premium Pool King Weekend Package w/ 1 Free Wknd Pass: \$1185 (includes \$45 Processing Fee)
 - Deluxe 2 Queen Bed Weekend Package w/ 2 Free Wknd Pass: \$1225 (includes \$45 Processing Fee)
 - Premium Pool 2 Queen Bed Weekend Package w/ 2 Free Wknd Pass: \$ 1375 (includes \$55 Processing Fee)
 - Premium Pool King w/ Patio Weekend Package w/ 1 Free Wknd Pass: **SOLD OUT**
 - Premium Pool 2 Queen w/ Patio Wknd Package w/ 2 Free Wknd Pass: **SOLD OUT**
 - Addl Weekend Pass* Qty _____ : \$ 150 each **available only with purchase of Weekend Package*

Total Amount Due: _____ Deposit Amount (min 30%) : _____

Installment Amount: _____ to be charged to account on file on day _____ of each month until paid in full.

FINAL PAYMENT TO BE MADE NO LATER THAN MARCH 1, 2020

Payment Details

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name: _____			
Credit/Debit Card Number: _____			
Exp. Date: ____ / ____			
Billing Address: _____			
Billing City/State/Zip: _____			
Contact Number: _____		Email Address: _____	

**Please note that billing name and address MUST match debit or credit card details*

I, _____, authorize **KRAVE SPRING BREAK** to charge credit/debit card
(full name as appears on debit/credit card)

indicated above for agreed upon purchases using installment payments in the amounts and frequency indicated.

I understand that my billing details will be saved to file for future transactions on my account.

I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that all deposits are NON-REFUNDABLE. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this debit/credit card account and will not dispute KRAVE SPRING BREAK billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO INFO@KRAVESPRINGBREAK.COM
CONTACT (424) 215-1272 WITH QUESTIONS

SIGNATURE _____ DATE _____