

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

Krave Spring Break 2020 2-Day Payment Plan Authorization Form

Please select 2-Day Weekend Package:

Hotel Zoso Palm Springs

Check In: 4/3/2020 Check Out: 4/5/2020

- Deluxe King Bed Weekend Package w/ 1 Free Wknd Pass: \$785 (includes \$35 Processing Fee)
- Premium Pool King Weekend Package w/ 1 Free Wknd Pass: \$885 (includes \$35 Processing Fee)
- Deluxe 2 Queen Bed Weekend Package w/ 2 Free Wknd Pass: \$985 (includes \$35 Processing Fee)
- Premium Pool 2 Queen Bed Weekend Package w/ 2 Free Wknd Pass: \$1085 (includes \$35 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

Visa MasterCard AMEX 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 _____