



2018/19 BOYNE Season Pass Easy Payment Plan Agreement

Name _____ Home Phone _____
 Mailing Address _____ Work Phone _____
 City _____ Cell Phone _____
 ST _____ ZIP _____ email: _____

BOYNE Season Pass Easy Payment Plan Purchases:

Name: _____ Pass type: _____ Pass Cost: _____ Date of Birth: _____
 Name: _____ Pass type: _____ Pass Cost: _____ Date of Birth: _____
 Name: _____ Pass type: _____ Pass Cost: _____ Date of Birth: _____
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 Name: _____ Pass type: _____ Pass Cost: _____ Date of Birth: _____

- BOYNE Season Pass Easy Payment Plan gives you the opportunity to lock in savings with \$50 down, then pay four equal installments.
- Payments will be automatically deducted from the credit card on file on June 1, July 1, August 1 and September 1.
- The applicant named on this form agrees to pay for all season passes listed above in full and that until applicant pays for all passes listed above in full no lift tickets will be provided and no season passes will be printed or activated.
- It is your obligation to immediately contact BOYNE if the credit card number provided is lost or stolen, or if the credit card numbers or details are changed in any way.

Applicant acknowledges this agreement is governed by the applicable laws of the State of Michigan. Applicant further agrees that any claim or action involving parties or issues relating to or arising out of this agreement must be instituted and prosecuted in the county and state where incident occurred. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect

When applicant has enrolled in Easy Payment Plan by filling out and signing this form, applicant acknowledges and accepts full responsibility and guarantees payment for all season passes listed. In the event of the expiration or invalidity of applicant's credit card or any failure relating to payment by the issuer thereof, applicant agrees to make payment of all amounts charged. Applicant agrees to contact BOYNE to notify of a lost or stolen credit card or any change to credit card numbers.

Applicant agrees that BOYNE may pursue all avenues of collection, including the use of collection agencies; and applicant authorizes BOYNE to prepare and submit charge slips for any transaction related to season passes listed here using the charge card provided on this application to recover all charges and other unpaid amounts due.

Card Holder Name (as on Card) _____ Date _____

Signature: I AGREE _____