

PAYMENT PLAN

Please complete this form accurately and clearly.

CSA TYPE

- ☐ Full CSA \$1000 (Deposit: \$200)
- ☐ Single season CSA \$388 (Deposit: \$100)

CARD INFORMATION

Name _____

Card Number _____

Exp Date _____

Code _____

Zip code _____

INSTALMENTS

Remaining balance + tax _____

- ☐ 4 Instalments (Due on the 1st of each month)
- ☐ 2 Instalments (Due on the 1st of each month)

Total due each month + tax _____

DECLARATION

I confirm that the information provided is true and correct to the best of my knowledge. _____

Signature: _____ Date: _____

Footer Notes

- Please ensure all details are completed before submission.
- Incomplete forms may delay the registration process.