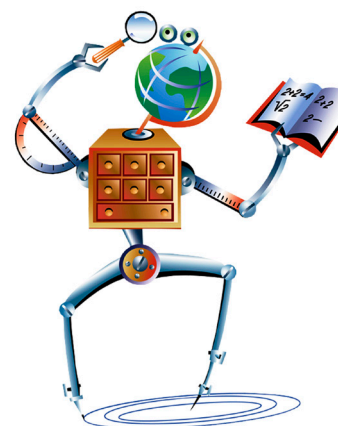


# MATHZONE

MAXIMIZING INDIVIDUAL POTENTIAL

| Programs   | Enrollment Options/Frequency                              |            |                                    |                    |                    |  |  |  |  |  |
|--|---|------------|------------------------------------|--------------------|--------------------|--|--|--|--|--|
| <b>WorkBook</b>  | <p><b>Option 1</b></p> <p>2 x 30 min lessons per week</p> |            |                                    |                    |                    |  |  |  |  |  |
| Family Details   |   |            |                                    |                    |                    |  |  |  |  |  |
| Parents/Guardians  | City  | State      | Zip                                |                    |                    |  |  |  |  |  |
| Address 1  | Cell Phone  | Home Phone |                                    |                    |                    |  |  |  |  |  |
| Address 2  | Email   |            |                                    |                    |                    |  |  |  |  |  |
| Student Details  |   |            |                                    |                    |                    |  |  |  |  |  |
| Student Name   | Date of Birth   | Grade      | School                             | 1st Preferred Time | 2nd Preferred Time |  |  |  |  |  |
| Student Name   | Date of Birth   | Grade      | School                             | 1st Preferred Time | 2nd Preferred Time |  |  |  |  |  |
| Student Name   | Date of Birth   | Grade      | School                             | 1st Preferred Time | 2nd Preferred Time |  |  |  |  |  |
| Are there any medical details we should know about?  |   |            | Do you have any specific requests? |                    |                    |  |  |  |  |  |
| <b>How did you hear about MathZone?</b><br>Parent referral – Name of parent? _____ Teacher referral – Name of Teacher? _____<br>Google/Internet Search?    Drive by?    Printed ad?    Other?  |   |            |                                    |                    |                    |  |  |  |  |  |
| I have read, understood and agree to comply with MathZone Enrollment Terms & Conditions. I understand that I am entering into a contract by signing this enrollment form. I understand that I will be bound by the Enrollment Terms and Conditions published by MathZone as well as other Terms & Conditions published and provided to me by MathZone. I understand that I have entered into a financial commitment with MathZone and that I will honor this commitment in accordance with the Terms & Conditions published by MathZone and agreed to by me. |   |            |                                    |                    |                    |  |  |  |  |  |
| Signature  |   |            | Date                               |                    |                    |  |  |  |  |  |





## Card Payment Authorization Form

### CUSTOMER TO COMPLETE – MATHZONE TO RETAIN

#### Here's how payments for Credit Card processing work:

You authorize scheduled charges in accordance with our perpetual enrollment model to be debited against your nominated credit or debit card. Your first payment is always made prior to beginning one of our programs. If your enrollment includes a recurring payment option, you will be charged the amounts as calculated in your billing summary. Where there are recurring payments, they will be charged on the 1<sup>st</sup> of each subsequent month for the specified number of recurring payments. You can opt to make one payment 'in full', for the total of the initial payment and all recurring amounts, prior to the beginning of any program. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as a "MathZone Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this Credit Card authorization will remain in effect until I cancel it in writing. I agree to notify MathZone LLC in writing of any changes in my credit card information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or observed holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a credit card transaction being declined, I understand that MathZone LLC may at its discretion attempt to process the charge again within 3 days and agree to pay an additional \$35 charge for the declined transaction which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

#### Please complete the information below:

I, \_\_\_\_\_ authorize MathZone LLC to charge my Credit/Debit card  
account indicated below on the 1<sup>st</sup> of each month for any recurring payments of my MathZone tuition fees and on the  
published date of the beginning of each Term, subject to the enrollment option selected.

Billing Address 1 \_\_\_\_\_ Home # \_\_\_\_\_

Billing Address 2 \_\_\_\_\_ Cell # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Card Type**      Visa      MasterCard      Discover      Amex

Name on Card \_\_\_\_\_

Bank Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date (MM/YY)      /      CVV      Amex 4 Digits

**CARD DETAILS ARE SHREDDED AFTER USE BY MATHZONE**