

# Sparta United Financial Terms and Agreement Form

Please Read Terms Carefully and Complete Form Entirely

Player's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

- I accept full financial responsibility for the fees incurred for my child/player in the Sparta United Soccer Club.
- **Promise to Pay:** within (5) months from today, I promise to pay Sparta United Soccer Club in the amount of \_\_\_\_\_ (\$), and a service charge of \$5.00 per payment installments.
- **Responsibility:** Although more than one person may sign this agreement below, I understand we are each as individuals responsible for paying the full amount.
- **Breakdown of Payment Plan:** I agree to pay the full amount of these fees in (5) five equal uninterrupted monthly installments on my credit or debit card of \$ \_\_\_\_\_ each on the **20<sup>th</sup>** day of each month starting on the **20<sup>th</sup>** day of **July 2008**, and ending on the **20<sup>th</sup>** day of **November 2008**.
- **Late Charges:** If any payment is not paid on the date due as specified above, it will be subject to a late charge of **\$25.00**. No exceptions will be made.
- **Default:** If for any reason I fail to make any payment on time, I shall be in default. Sparta United Soccer Club can then demand immediate payment of the entire remaining unpaid balance, incurred late charges and withhold my child's player pass, without giving anyone further notice.
- **Collection Fees:** I agree to pay all late fees as well as any collection agency fee not exceed 50% of the original balance and I agree all court costs, reasonable attorney fees and filing charges if any delinquent balance is placed with any agency or attorney for collections, suit or is taken to small claims court. I understand if my balance is transferred to agency or attorney for collections, a collection preparation fee of at least 35% of the balance will be assessed on the unpaid amount for which I am responsible.
- I agree with and understand the above financial terms and agreement and authorize the payments to be charged on my debit or credit card as stated above in the Breakdown of Payment Plan.

\_\_\_\_\_  
**Print** Financial Responsible Party's Name(s)

\_\_\_\_\_  
Signature of Financial Responsible Party's Name(s)

\_\_\_\_\_  
Address of Financial Responsible Party

**Type of Card: (Circle One)      Debit                      Credit**

\_\_\_\_\_  
City, State & Zip of Financial Responsible Party

\_\_\_\_\_  
**Debit or Credit card Number**  
*Mastercard or VISA only*

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
Financial Responsible Party's Phone No.

\_\_\_\_\_  
Date Agreement Executed

\_\_\_\_\_  
Financial Responsible Part's Email Address

\_\_\_\_\_  
Signature of Sparta Representative

Approved # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_