



Kangs Black Belt Academy, Inc.
18200-C Georgia Avenue, Olney, MD 20832
301-570-1106 www.kangs.ninja

Application for Tuition Payment

Parent's Name

Student's Name

Home Phone

Cell Phone

Email address

I hereby authorize Kang's Black Belt Academy, Inc. to initiate a withdrawal from the debit card below or a charge to my credit card, in the amount of:

\$_____ each month beginning _____ 20__.

\$_____ tuition paid in full

Equipment Package: \$_____

Down Payment \$_____

CREDIT CARD/DEBIT CARD INFORMATION

Type of credit card Visa____ Mastercard____ Discover____ AMEX____

Name on credit card _____

Credit card # _____

Expiration date _____ 3 digit CCV number on the back _____

Parent/Guardian Signature

Date

Office Use:

Staff Member Signature: _____