

2020/2021 Holiday Valley *Classic Season Pass* Installment Plan Agreement

Last Name _____ First Name _____ MI _____

Mailing Address _____ City: _____ State _____

Zip/Postal Code _____ Email Address _____

SEASON PASS SELECTION

Name	Birthdate	Day	Night	Combo	Combo 25 & Under	Rangers	Training Center Program	Combo Jr. Team	Total

Please include with completed Season Pass Application

Grand Total: _____
\$ _____ per installment

This installment plan agreement is between you and Holiday Valley Resort (HV). By signing this document, you agree as follows:

The first payment will take place at the time of the initial purchase. The other 3 payments will occur on the 1st of the subsequent 3 months*.

*If we receive your initial payment after the 15th of the month your next payment will not post until the following month.

You will provide your credit card information with this agreement. **Debit cards are not accepted.** HV will keep that information on file for the sole purpose of charging that card for the passes on the dates mentioned. **The credit card you provide must have a valid expiration date** through October 1, 2020. You authorize HV to prepare and submit charge slips to your credit card for any transaction covered by this agreement to recover all charges and other unpaid amounts due.

You will contact HV Customer Service Office immediately at 716-699-2345 if the credit card provided is lost or stolen, or if the credit card numbers or details change in any way. You will make payment for all amounts charged if the credit card provided expires or is invalid, or any of the charges are not paid by the credit card issuer.

Once you sign this agreement and deliver it to HV, you acknowledge and accept full responsibility for these terms and guarantee payment for all of the Classic passes purchased. HV may pursue all avenues of collection, including the use of collection agencies if you fail to pay. This agreement is governed by New York State law. Any claim or action involving parties or issues relating to or arising out of this agreement must be brought in the New York State Supreme Court of Cattaraugus County, New York. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect

Signature of Card Holder _____

Credit Card Number _____

(Debit cards are not accepted)

Expires _____ CID # _____

Date Received _____

Total Received _____

Dept. Approval _____