

ARTISAN MUSIC STUDIOS

PO Box 67492
Chestnut Hill, MA 02467
Phone 617-323-8818
Fax 617-507-3465

Please fill in ALL fields to make your tuition payment on a Credit Card.

Student Name: _____

Parent Name: _____

Name on Card: _____

Card Number: _____

Exp. Date: _____

Security Code: _____

(3 digit code on back of card)

Credit Card Billing Address: _____

Total Tuition: _____

Amount to be charged today: _____

Date: _____

Signature of Cardholder: _____

A typical semester runs 17 weeks. However, students may begin lessons at any time and the tuition will be adjusted accordingly. There is a \$25 registration fee that is applied annually to all new and retuning students. All home lessons will be charged the additional \$10.00 home fee per visit to the home.

PAYMENT PLAN:

I authorize Artisan Music Studios to charge the remaining balances in equal payments according to the payment plan schedule. (If we have already passed one of the scheduled dates the balance will be split among the remaining payment plan due dates.)

Signature of Cardholder: _____ Date: _____

****PLEASE NOTE:** If you opt for the payment plan and do not choose automatic charges to your credit card a \$5.00 payment plan fee will be added to each invoice.