



## Payment Plan Form

### CARD INFORMATION FOR INSTALLMENT PAYMENTS

Type of Card: Circle one please:

Visa   Master Card   Discover   American Express

Company Name: \_\_\_\_\_

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

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

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address Associated with Card: \_\_\_\_\_

City, State, Zip:  
\_\_\_\_\_

Signature of Card Holder:  
\_\_\_\_\_

FULL AMOUNT DUE: \$ \_\_\_\_\_

This amount to be split and charged in three equal payments as below:

PAYMENT #1: \_\_\_\_\_

1/3 to charge on date of registration

PAYMENT #2: \_\_\_\_\_

1/3 to charge on September 27, 2019

PAYMENT #3: \_\_\_\_\_

1/3 to charge on October 23, 2019

RETURN VIA EMAIL to: [daniel@fmctraining.com](mailto:daniel@fmctraining.com) or fax to: 212.233.3517

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