

SOUTH HILLS BEAUTY ACADEMY & NORTH HILLS BEAUTY ACADEMY

3269 West Liberty Ave

813 West View Park Dr

Pittsburgh, PA 15216

Pittsburgh PA 15229

REGISTRATION FOR ADVANCED COURSES

NAME: _____

Address: _____

PHONE # _____ EMAIL _____

COURSES: _____ Total Amount \$ _____

A **non refundable** \$100.00 deposit will place your kit order and/or hold a place for you in the class. If you should need to reschedule, your deposit will be submitted to the next class date. If the school needs to postpone the class for any reason, the class will be rescheduled at a later date.

Method of Payment: (Circle one) CASH Master Card Visa Check # _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

Please circle one: (3) month Recurring Payment (credit card) or Payment in full

Payment will be automatically deducted on the ____ of each month for (3) consecutive months.

Month: _____ Date of Withdraw _____

Month: _____ Date of Withdraw _____

Month: _____ Date of Withdraw _____

I, _____, agree to these recurring transactions to be automatically deducted from my credit card. If unable to make a transaction due to insufficient funds I am responsible for the payment and a \$10.00 failed transaction fee. I am also aware that I will not receive my certificate until I am paid in full.

