



## Season Pass Payment Plan Authorization

**YES**, I would like to enroll in the Whitefish Mountain Resort Payment Plan option. This enables me to pay for my 2009-10 Winter Season Pass in monthly installments.

I hereby authorize Whitefish Mountain Resort to charge my credit card (identified below, the "Credit Card") on the first of every month from 5/1/2009 through and including 11/1/2009, per the schedule noted below. I understand that some restrictions may apply.

**Payment amount schedules are as follows:**

Adult (19-64) - \$76.43 per month for 7 months

Teen (13-18) - \$42.14 per month for 7 months

Senior (65-69) - \$62.14 per month for 7 months

Junior (7-12) - \$20.71 per month for 7 months

College - \$62.14 per month for 7 months

I understand that I do not take ownership of the pass until receipt of final payment – 11/1/2009.

I understand that if I want to join the program after May 1, I can as long as I make a lump payment in the amount necessary to get caught up to the payment plan. For example, if an adult wants to join the program on July 5, their first payment will be \$229.29 (\$76.43 multiplied by the number of months they missed – May, June and July) and subsequent payments will be \$76.43 per month.

I understand that if for any reason I stop making payments at any point during the program, I will be fully refunded the amount I have paid to that date in the form of a credit to the card identified below.

I may change the credit card number at any time by filling out an additional Payment Plan Authorization form stating the new credit card number and expiration date.

**SEASON PASS HOLDERS ENROLLED IN THE PAYMENT PLAN OPTION:**

**(Please print names of pass holders in corresponding spaces below)**

Season Pass Holder \_\_\_\_\_ Season Pass Holder \_\_\_\_\_

Season Pass Holder \_\_\_\_\_ Season Pass Holder \_\_\_\_\_

**CREDIT CARD INFORMATION**

VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER/NOVUS

**Please note** \* you may need to inform you credit card issuer of your participation in this program.

Name as it appears on the credit card (**print**) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please sign and return to:**

Whitefish Mountain Resort  
PO Box 1400, Whitefish, MT 59937

**Or Fax:** (406) 862-2922  
**Questions? Call** (406) 862-2990