

**KREWE OF EVE
THROW ORDER PAYMENT PLAN 22-23**

NAME (please print): _____

PHONE: _____

EMAIL: _____

FLOAT LIEUTENANT: _____

I, the undersigned member, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below. I understand that there are **NO REFUNDS**. Please make checks payable to the Krewe of Eve and mail to P.O. Box 967, Mandeville, LA 70470.

My Order Totals: \$ _____

Divide payments into 50% (first payment), 25% (second and third payments)

% DUE	DUE DATE	AMOUNT DUE	ADMIN FEE	AMOUNT PAID
50%	7-27-22		\$10.00	
25%	9-1-22			
25%	10-1-22			

***PLEASE NOTE: If paid by cash or check, there will be no 5% processing fee. Any other payments, such as credit cards or invoices, incur a 5% processing fee per transaction. It is the member's responsibility to authorize the Krewe of Eve to process the amount due on the dates that the payments are due (2nd and 3rd payments will NOT automatically be charged!) Authorization may be done by email to kreweofeve@gmail.com.**

YOU MUST TURN IN PAYMENTS BY DUE DATES!

I have read this document, or it has been read and explained to me and I fully and completely understand all of the terms.

Signature: _____ Date: _____