



TRICERATOPS GULCH PROJECT

Payment Agreement

Name(s): _____

Dig Date: _____ Price (Combined Total): _____

Payment Schedule:	Deposit:	Payment Type:
Due Date:	Amount:	
Due Date:	Amount:	
Due Date:	Amount:	

Payments will be run on Wednesdays each week. Sarah Miller will contact you by phone if you prefer to pay over the phone, or she will be sending notifications that week to remind you of your automatic payment and give you proper time if there is anything that needs adjustment. Payments are due 6 weeks before your program.

- I agree to receive a phone call and pay over the phone for each payment.
- I agree to have a card kept on file which will be charged for each payment.

Credit Card Information
Card Type:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CCV:
Cardholder ZIP Code:

I understand that I will be charged accordingly for my participation in the Morrison Natural History Museum’s Triceratops Gulch Project.

Signature: _____ Date: _____