



U.S. PRANIC HEALING CENTER
American Institute of Asian Studies LLC

6251 Schaefer Ave Unit C
Chino, CA 91710

T 909.548.0884
F 909.548.0886
marcos@pranichealing.com
www.pranichealing.com

Payment Plan Agreement

I, _____ have paid a deposit as preregistration of
\$ 500 / at the door of \$ 0 as partial payment for the Master Choa Kok Sui
Advanced PH + Pranic Psychotherapy (N) course held on 5/21-23/22. I am aware that the full amount of this
course is \$ 1,000.

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$ 500. Monthly
payments of \$ _____ will be charged every 15th of the month and will be paid in full within _____
month(s) of the course. This total amount is due by _____.

***I am aware of my responsibility to remit the payment to the American Institute of Asian Studies, LLC
whether a bill is received or not.***

In the event that I missed sending my payment, I hereby authorize the American Institute of Asian Studies, LLC to
charge the following credit card account for the amount due on the 15th of each month. If I need to make changes
to the method of payment or the monthly charge date after the signing of this agreement, I will contact the
American Institute of Asian Studies, LLC immediately to discuss these revisions.

Please fill out the Required Portion below:

Send In: Check Money Order Cash

Charge to Credit Card: MasterCard Visa Discover AMEX

Credit Card Number _____ Exp. Date: _____ Code: _____

PRINT Your Name as it appears on your Credit Card: _____

Your Signature: _____

Today's Date _____

Billing Address: _____

Telephone _____

Email _____

-----OFFICE USE ONLY-----

Note: _____

Payments: