U.S PRANIC HEALING CENTER American Institute of Asian Studies LLC 6251 Schaefer Ave Unit C Chino, CA 91710

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## Payment Plan Agreement

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$\_597.50 \_\_\_\_\_. Monthly payments of \$\_\_\_\_\_\_ will be charged every 15<sup>th</sup> of the month and will be paid in full within \_\_\_\_\_\_ month(s) of the course. This total amount is due by\_\_\_\_\_\_. (1 to 4 months)

## \*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 15<sup>th</sup> 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 Requision Send In: Check       |            | 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  |       |
|  |            |            | Telephone     |       |
|  |            |            |               |       |
|  |            | -OFFICE US | se only       |       |
| Note:  |            |            | Payments:     |       |
|  |            |            |               |       |