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 \$_512.50____. 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______. (1 to 4 months)

*1 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 US	SE ONLY	
Note:			Payments:	