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

T 909.548.0884

marcos@pranichealing.com www.pranichealing.com

## Payment Plan Agreement

have paid a deposit as preregistration of <u>\$ 1298.50</u> / at the door of <u>\$ 0.00</u> as partial payment for the Master Choa Kok Sui Healers Mastery (New) Arlington Heights, IL course held on <u>9/25-29/25</u>. I am aware that the full amount of this course is <u>\$ 2597.00</u>.

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$\_1298.50\_\_\_\_\_. 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 Requ 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	
8				
		-OFFICE U	se only	
Note:			Payments:	
	· · · · · · · · · · · · · · · · · · ·			