



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

I, _____ have paid a deposit as preregistration of
\$ 400.00 / at the door of \$ 0.00 as partial payment for the Master Choa Kok Sui
Healers Mastery (Review) Lisle, IL course held on 7/25-29-24. I am aware that the full amount of this
course is \$ 800.00.

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$ 400.00. 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)**

***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: