



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

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## Payment Plan Agreement

I, \_\_\_\_\_ have paid a deposit as preregistration of  
\$ \$250 / at the door of \$ \$0 as partial payment for the Master Choa Kok Sui  
KY(Review) Irvine, CA \_\_\_\_\_ course held on 7/12-13/25. I am aware that the full amount of this  
course is \$ \$500 \_\_\_\_\_.

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$ \$250 \_\_\_\_\_. 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 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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