



**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](mailto:marcos@pranichealing.com)  
[www.pranichealing.com](http://www.pranichealing.com)

## Payment Plan Agreement

I, \_\_\_\_\_ have paid a deposit as preregistration of  
\$ \$300 / at the door of \$ 0 as partial payment for the Master Choa Kok Sui  
**Pranic Crystal Healing Lombard, IL (New)** course held on February 6, 2023. I am aware that the full amount of this  
course is \$ \$600.

I promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$ \$300. 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: