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 promise to pay the American Institute of Asian Studies, LLC for the balance owed of \$\_512.50 \_\_\_\_\_. 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 Required Portion below Send In: Check Money Orde		22
Charge to Credit Card: Master	Card 🗌 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	
	Email	
	OFFICE USE ONLY	
Note:	Payments:	