

438 Hobron Lane, Suites #305, 207, 208  
Honolulu, Hawaii 96815  
Phone 808-944-1121

## Esthetician State requirement Course Plus (Course B) Payment Plan Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Paid in full upon enrollment \$8,989.52

### **I prefer a payment plan:**

\*Payment plan application fee is \$100 (non-refundable: Pay now)

\*Total amount of tuition is \$8989.52 minus \$500.00 (Deposit: non-refundable: Pay now) = \$8489.52 w/payment plan.

**\*The first payment is due on or before orientation day.**

\*Payments are due on the 15<sup>th</sup> and 30<sup>th</sup> of each month (twice a month) until the financial commitment is paid in full.

Payment Start date: \_\_\_\_\_

3 month payment plan of \$2829.84/month = 6 payments of \$1414.92 (15<sup>th</sup> \$1414.92 and 30<sup>th</sup> \$1414.92)

6 month payment plan of \$1414.92/month = 12 payments of \$707.46 (15<sup>th</sup> \$707.46 and 30<sup>th</sup> \$707.46)

9 month payment plan of \$943.28/month = 18 payments of \$471.64 (15<sup>th</sup> \$471.64 and 30<sup>th</sup> \$471.64)

12 month payment plan of \$707.46/month = 24 payments of \$353.73 (15<sup>th</sup> \$353.73 and 30<sup>th</sup> \$353.73)

**You will not receive a transcript or certificate until the financial obligation has been met.**

*The final payment must be in the form of cash or credit card. No personal checks will be accepted.*

## Disclaimer

The student must sign this financial responsibility document before orientation day.

Suppose the student has a second party who is responsible for payments. In that case, all the required information must be given to Administration with the number of incremental payments and the date payments are to be made, and the form of payment must be approved by the school's Director, Mr. Eric Ho.

## Installment Payments/Balance

- Installments are due on the 15<sup>th</sup> and 30<sup>th</sup> of the month by 4 p.m. If the due date falls on a weekend or holiday, payments are due by 4 p.m. on the next business day. There is no grace period.
- You are responsible for making the payment each month. Payments are not automatically made by the Students Admissions and Financial Services Office unless you complete the Credit Card Authorization Form.
- If you are mailing the payment, make sure you allow enough time to reach the office on or before the due date. Payments received after the due date will be assessed as a late fee.

## Fees and Other Charges

- Your application fee is non-refundable.
- Your account will be assessed a \$20 service charge for any payment returned for insufficient funds or which is not collectible for any other reason, and your plan will be canceled.
- There will be an additional late charge for any payment not received in full by the due date.
- If payment due is from \$0 – \$999.99, a \$20 late fee will be charged to your account.
- If payment due is from \$1,000 – \$1,999.99, a \$25 late fee will be charged to your account.
- If the payment due is \$2,000 or above, a \$30 late fee will be charged to your account.

## Failure to Pay

- We understand life happens, which is why we have an "Open-Door Policy." Please communicate with us when times are challenging so we can try our best to assist. You are important to us.
- A late payment fee will be added, and the remaining account balance plus the late fee will be due in full.

## Tuition Breakdown

Tuition:	\$ 7810.00
Student Kits:	\$ 275.00
Textbooks Uniform, and Clinical Fee:	\$ 500.00
Tax (State of Hawaii 4.712%)	\$ 404.52
Total:	\$ 8989.52

I, \_\_\_\_\_ agree to the terms of this contract. If these terms need to be modified, I am to notify the school's Director, Mr. Eric Ho, of any changes that both parties must agree upon. Any unpaid balances will be transferred to HNA's legal department to begin the collection process. Transcript of hours will not be released until the balance is paid in full.

### Signatures:

Student: \_\_\_\_\_ Date \_\_\_\_\_

Please provide a phone number and contact name for any problems with the above Monthly Payment Plan.

Please Print contact's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # for contact: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_