

Full-Online Basic Esthetician License Course Payment Plan Agreement (PPA)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Paid in full upon enrollment \$6528.80

I prefer a payment plan:

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

*Total amount of tuition is: \$6528.80 minus \$500.00(non-refundable deposit)=\$6028.80 w/payment plan.

*Payments are due on the 15th and 30th of each month until the financial commitment is paid in full.

***Non-refundable the amount paid.**

Payment Start date: _____

3 month payment plan of \$2,009.60/month=6 payments of \$1,004.80 (15th \$1004.80 and 30th \$1004.80)
*1st, 2nd, and 3rd payments will be for Theory only. (Frist 1.5 month will be the Theory Only)
*From the 4th payment: You will receive your student kits and part access to start the practical.

6 month payment plan of \$1,004.80/month=12 payments of \$502.40 (15th \$502.40 and 30th \$502.40)
*Until the 6th, payments will be for Theory only. (First three month will be the Theory only)
*From the 7th payments, you will receive your student kits and access to start the practical.

9 month payment plan of \$669.88/month = 18 payments of \$334.96 (15th \$334.96 and 30th \$334.96)
*Until 9th, payments will be for Theory only. (First 4.5 month will be the Theory only)
*From the 10th payments, you will receive your student kits and access to start the practical.

12 month payment plan of \$502.40/month = 24 payments of \$251.20 (15th \$251.20 and 30th \$251.20)
*Until the 12th, payments will be for Theory only. (First six month will be the Theory only)
*From the 13th payments, you will receive your student kits and access to start the practical.

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

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 15th and 30th of the month by 4 p.m. 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 a payment due is \$2,000 or above, a \$30 late fee will be charged to your account.

Failure to Pay

- If payment is delayed, we will immediately suspend your online access.
- A late payment fee will be added, and the remaining account balance plus the late fee will be due in full.

Tuition Breakdown

Tuition:	\$ 5200.00
Student Kits & Textbook:	\$ 1035.00
Tax (State of Hawaii 4.712%)	\$ 293.80
Total:	\$ 6528.80

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: _____