

## Full-Online Basic Esthetician License Course with Eyelash extension Payment Plan Agreement (PPA)

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

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

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

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

Paid in full upon enrollment \$7785.34 (Basic course \$6528.80 + Eyelash extension course \$1256.54)

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

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

\*Total amount of tuition is: \$7785.34 minus \$500.00 (non-refundable deposit) = \$7285.34 w/payment plan.

\*Payments are due **every other Monday** until the financial commitment is paid in full.

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

Payment Start date: \_\_\_\_\_ (have to be on Monday)

6 payments of \$1,214.23 (\$1214.23 every other Monday)

\*1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> payments will be for Theory only.

\*From the 4<sup>th</sup> payment: You will receive your student kits and part access to start the practical.

12 payments of \$607.12 (\$607.12 every other Monday)

\*Until the 6<sup>th</sup>, payments will be for Theory only.

\*From the 7<sup>th</sup> payment, you will receive your student kits and access to start the practical.

18 payments of \$404.74 (\$404.74 every other Monday)

\*Until the 9<sup>th</sup>, payments will be for Theory only.

\*From the 10<sup>th</sup> payment, you will receive your student kits and access to start the practical.

24 payments of \$303.56 (\$303.56 every other Monday)

\*Until the 12<sup>th</sup>, payments will be for Theory only.

\*From the 13<sup>th</sup> payment, 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 a 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 every other Monday 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 – to \$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 (Student Kits & Textbook):	\$ 7435.00
Tax (State of Hawaii 4.712%)	\$ 350.34
Total:	\$ 7785.34

I, \_\_\_\_\_ agree to the terms of this contract. If these terms need to be modified, I will 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. Transcripts 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 this Payment Plan.

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

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