



ACADEMY FOR GUIDED IMAGERY PROFESSIONAL CERTIFICATION TRAINING

CERTIFICATION TRAINING PROMISSORY NOTE

I wish to enroll in an extended payment plan for AGI’s Professional Certification Training

- without CE credits by paying
 - \$512/mo for three months
 - \$260/mo for six months
 - \$177/mo for nine months

- with CE credits by paying
 - \$594/mo for three months
 - \$301/mo for six months
 - \$205/mo for nine month

I understand and agree that this is a legally binding promissory note, and I hereby promise to pay to the Academy for Guided Imagery, Inc., a California Corporation, the above sum in monthly installments as indicated above. My first payment is being made with submission of my enrollment materials, and additional monthly payments will be charged to the credit card below starting one month from the date of my enrollment and continuing monthly until this promissory note is paid in full.

I understand that there is an approximately 18% APR service charge for extended payments plans, and that there will be an additional 10% late charge on any payments not received at the Academy office on the due date. I understand that payments must be current to be granted admission or access to Academy programs.

I further understand that should any default be made in payment when due, the whole sum owed shall become immediately due at the option of the Academy or the holder of this note. If any legal action is required to enforce this agreement, I agree to pay all expenses incurred including reasonable attorney's fees, costs, and expenses.

This Agreement shall be construed and governed in accordance with the laws of the State of California. This Agreement constitutes the entire agreement of the parties hereto and supersedes all prior agreements and understandings of the parties relating to the subject matter hereof. The provisions of this Agreement may be waived or amended only when memorialized in writing and executed by the parties. This Agreement shall bind and inure to the benefit of the successors and assigns to the parties hereto.

Date: _____ Student Name: _____

Signature: _____

Please charge future payments to this card: VISA MasterCard AMEX Discover

Card No: _____ Exp Date: ____/____ 3 Digit Code _____

Name on Card: _____

Billing Street: _____

Billing City: _____ State: _____ Zip: _____