

INSTALLMENT NOTE AND DISCLOSURE STATEMENT

As payment for tuition at CLINICAL SKILLS TRAINING CENTER 2459 C-9 Roosevelt Highway, College Park Georgia 30337

I promise to pay the school the sum of \$ 1250.00

As follows: Starting Payment \$ 400.00 installments of \$ 106.25 weekly or \$ 212.50 bi weekly

Beginning on \_\_\_\_\_ Ending on \_\_\_\_\_

All subsequent installments shall be payable on the same day of each consecutive week / bi weekly thereafter until paid in full.

This note is subject to the terms and conditions in the enrollment agreement and the disclosure statement, which are incorporated herein reference as though set forth in full. Should default be made in any payment when due class will be interrupted. Student must pay with in (1) week or must restart to complete. If student does not return on following start they must retake the course .

Sign Here \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ cell \_\_\_\_\_

Social security \_\_\_\_\_

YOUR PAYMENT SCHEDULE WILL BE ON THE FOLLOWING DATES LISTED BELOW:
