



Name: _____ Date of course: _____

Tools?: Yes: _____ No: _____

Payment plan choice (Please check one):

FULL PAY _____ TWO PAY: _____ THREE PAY: _____

Course cost: _____ Discounts/promo: _____

Course total: _____

Amount per payment: _____ Payment date(s): _____, _____, _____

CC #: _____ CCV: _____ Expiration Date: _____/_____/_____

Name on Card: _____ Billing zip code: _____

I, _____, hereby agree to process my payments as marked above for the DSM Continued Education Massage course. By signing this I acknowledge that upon failure to complete my payment schedule by 11:59 pm on the 10th day before my course a \$50 late fee will be added to my course charges.

Signature: _____ Date: _____