

APPLICATION AND AGREEMENT OF PAYMENT

1. Applicant's contact details					
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____					
Last Name (as it appears on your state ID)					
First Name (as it appears on your state ID)					
Middle Name		Suffix (if applicable)			
Date of Birth 00/00/0000	/ /	Main Contact Phone Number			
Street Address					
City		State		Zip Code	
Day Time Phone Number			Alternate Contact Phone Number		
Alternate Contact Name					
Email Address					
Employer					
Employer Address					
City		State		Zip Code	
Employer Phone Number			Number of Years Employed		
Email Address					
2. Payment Account References					
Business Name					
Contact Name					
Street Address					

City		State		Zip Code	
Phone Number					
Email Address					
Business Name					
Contact Name					
Street Address					
City		State		Zip Code	
Phone Number					
Email Address					
Business Name					
Contact Name					
Street Address					
City		State		Zip Code	
Phone Number					
Email Address					
<p>3. Payment Plan Options (please check the payment plan option in which your are applying) (all payment options include an interest fee that is already figured into the monthly payment)</p>					
<input type="checkbox"/> Option 1: \$125 down payment - \$115 per month due July 1st, August 1st, September 1st, October 1st, November 1st, and December 1st					
<input type="checkbox"/> Option 2: \$125 down payment - \$170 per month due July 1st, August 1st, September 1st, and October 1st					
<input type="checkbox"/> Option 3: \$125 down payment - \$330 per month due July 1st and August 1st					
<p>I, _____, have filled out this application with factual information to the best of my knowledge. I, _____, understand that falsified information will void this application for assistance with payment for summer courses.</p>					

Applicant Signature: _____
Applicant Printed Name: _____
Date: _____

4. Payment Agreement (to be filled out after approval)

I, _____, agree to pay Legacy of Life Extension based on the payment plan option chosen above in section 3 of the application. If I, _____, do not honor this agreement, I, _____, am giving Legacy of Life Extension and the assigned permission to seek payment and/or collection of payment by contacting your alternate contact person and your employer in regards to wage garnishments. I, _____, also give Legacy of Life Extension and the assigned permission to turn delinquent payment collection over to a collection agency, attorney, and/or reporting delinquency to appropriate credit agencies.

Payment Plan Schedule:

- Down Payment of \$125
- First Month Payment Date _____ Amount: _____
- Second Month Payment Date _____ Amount: _____
- Third Month Payment Date _____ Amount: _____
- Fourth Month Payment Date _____ Amount: _____
- Fifth Month Payment Date _____ Amount: _____
- Sixth Month Payment Date _____ Amount: _____

Applicant Signature: _____
Applicant Printed Name: _____
Date: _____

Officer of Legacy of Life Extension Signature: _____

Officer of Legacy of Life Extension Printed Name: _____
Date: _____