

**Loving Lotus CNA Training Academy, LLC**

**Phone: 651-321-7500 Fax: 651-389-9147**

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**Payment Plan Contract Form**

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

Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_ CVV\_\_\_\_

By this contract, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to pay for training rendered by Loving Lotus CNA Training Academy and I understand that I am financially responsible for the payment of all services rendered to me. I understand that I am responsible for upholding these terms. It is agreed that I will make payments as listed below:

First payment date: \_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_

Second payment date\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_ (if applicable).

This agreement is binding and failure to meet these terms may result in dismissal from all classes or my ability to take my state exam. Late payments will incur a $5 per day charge. By signing this agreement all parties agree to the terms above. Alterations to this agreement must be made by both parties.

Sign and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_