



Nelson Driving School, LLC

www.nelsondrivingschool.com ♦ (360) 756-8777

info@nelsondrivingschool.com

2300 James St, Suite 103, Bellingham WA 98225

Teen Driving Course Payment Plan

Class start date: _____ Student ID: _____

Student: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Phone: _____

By this contract, **the above-named parent/guardian** agrees to make payments to **Nelson Driving School, LLC**, hereafter known as "**NDS**," by the following schedule listed below:

	Payment Date	Beginning Balance	Payment Amount	Ending Balance	Date Paid	Amount Paid
Payment 1 (upon registration)		\$525	\$250	\$275		
Payment 2		\$275	\$140	\$135		
Payment 3 (upon course completion-last day of classroom sessions)		\$135	\$135	\$0		

This agreement is binding, and failure to meet its terms will allow the NDS to take certain recourse. Insufficient payment and bounced checks will incur a fee of **\$50.00 per occurrence**. If payment is not delivered, NDS will be entitled to **turn over the unpaid balance to Olympic Collections**. **Parents/Guardians are responsible for collections and any legal fees due to non-payment on account.**

All parties agree to the terms described above by signing this agreement. Both parties will receive a printed copy of this agreement and will be responsible for upholding its terms.

Parent/Guardian Signature

Date

Parent/Guardian Printed

Nelson Driving School, LLC Representative License #

Date