



NORTHWEST SCHOOL OF ANIMAL MASSAGE

Get started in animal massage for \$113.31 a month!!!

Thanks for your interest in our school's financing program. We are able to provide these plans at a reasonable cost because of our strong desire to make our programs more accessible to more students.

A few highlights:

- We offer a **12-month** payment plan.
- This plan assumes an initial deposit of \$300 (distance learning) or \$800 (classroom-based), due at time of application.
- Payments begin on the 1st day of the month after beginning a course.
- We hold the certificate of completion for the class until final payment is made.
- You can pay off the balance at any time.

Our 12-month plan has monthly payments of **\$113.31**. Payments are made directly to NWSAM and your account is handled with the same personal attention that you expect from us.

TO APPLY FOR FINANCING: Simply sign and return the attached form with your class application.

Installment Plan

For the value received, I agree to repay the loan amount of \$1200.00 to NWSAM as per the terms below:

1. I understand the interest rate is 15.00% simple annual interest, calculated monthly on the first of each month.
2. I will pay a processing fee of \$5.00, due with each payment.
3. I understand the payment due date is the first day of each month.
4. I realize the payment should be submitted to NWSAM at P.O. Box 670 Fall City, WA 98024
5. I may prepay or repay at anytime without penalty. Any excess payment is applied to the principal.
6. I understand a late fee of \$25 will be charged to any account which is over 10 days past due.
7. I will be in default if my account is over 30 days past due, and I will then be required to pay the principal balance immediately.
8. I understand NWSAM will retain my certification of achievement as collateral. The certificate will be forwarded within 7 days of receipt of final and full tuition payment.
9. I know this loan is for commercial purposes.
10. I will pay the principal and interest due (\$108.31) on the first day of each month. Additionally, the \$5.00 processing fee is due with each payment, making a **total monthly payment of \$113.31**
11. I know my payments should begin after I have started my course. I have started the course if I have received the distance learning course materials or I have started a classroom-based course. (Example: If I received distance learning course materials OR began a classroom-based course on August 13, then I begin repayment on Sep.1).
12. I agree to pay all expenses incurred by NWSAM if their efforts to seek repayment.
13. I agree the venue for legal matters related to my account is King County, Washington.

Student Name and Address:

Signed:

Social Security Number:

FINANCING FORM **MUST** BE COMPLETED AND MAILED BACK TO **NWSAM** WITHIN **10 BUSINESS DAYS** UPON RECEIPT.



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AUTOMATIC DEDUCTIONS FOR FINANCING PLAN

Dear Student:

Many students enrolled in our financing plan have asked about an automatic deduction option. We are pleased to now offer automatic deductions from your VISA or MasterCard debit or credit cards. After signing up for this plan, we will automatically process your monthly payment on the 1st day of each month. This will save you the cost of a stamp, envelope and check each month.

THE NOT-SO-FINE-PRINT: You may choose the minimum payment amount of \$113.31 or any amount greater than the minimum amount. This amount will be deducted until your balance is paid in full. Deductions not accepted will be reprocessed the following day. After a 2nd declined deduction, accounts will be assessed the late fee and the balances will be carried forward to the following month.

To enroll: You must fill out, sign and return this page to me at the address below. Forms received after the 20th of the month will not be processed until the following month.

Return to:

NWSAM Business Office
P.O. Box 670
Fall City, WA 98024
425.222.3703 (Phone)
425-222-4573 (Fax)
877.836.3703 (Toll Free)
www.nwsam.com

NAME: _____	TODAY'S DATE: _____
PAYMENT AMOUNT: \$113.31 (minimum) OR \$ _____	Date to start automatic pmts: _____
SIGNATURE: _____	
CARD TO BE PROCESSED: VISA or MASTERCARD	
CARD NUMBER: _____	EXP. _____
Street No. _____	Zip Code _____