



PAYMENT PLAN AGREEMENT

STUDENT NAME: _____ TOTAL CLASS FEE: _____

PARENT/GAURDIAN NAME: _____ EMAIL: _____

ADDRESS: _____ CITY, ST ZIP: _____

CLASS NAME: _____ LOCATION: _____ START DATE: _____

DUE DATE	AMOUNT DUE

PAYMENTS WILL BE MADE VIA: CASH OR CHECK CREDIT CARD (complete info below)

Card #: _____ Exp: ____/____ Name on Card _____

Billing Address: _____ City, ST Zip: _____

PAYMENT PLANS WILL BE ESTABLISHED FOR ALL CLASS CHARGES. PAYMENT PLAN ARRANGEMENTS SHOULD NOT BE MADE UNTIL REGISTRATION ACTIVITY IS FULLY COMPLETED BUT NO LATER THAN THE FIRST CLASS MEETING OF THE SESSION. NO AMENDMENTS TO THE PLAN WILL BE ACCEPTED.

I promise to pay Mad Science of the Mid-South all payments detailed in this payment agreement by the established deadlines.

If I have indicated I will use a credit card number above, I (we) hereby authorize Mad Science of the Mid-South to make recurring charges to my Credit Card on the dates and the amounts listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Mad Science of the Mid-South is notified by me (us) in writing to cancel it in such time as to afford Mad Science of the Mid-South and the credit card company a reasonable opportunity to act on it.

No services will be granted if the payment is not received on time. I understand and agree that failure to pay all charges by the due date will leave my account subject to a hold being placed on my account and for financial penalties, including collection and legal fees.

I understand and agree that any payments made to Mad Science of the Mid-South will be credited first to any delinquent charges.

I understand and agree that withdrawal from the Mad Science of the Mid-South class does not release me from this payment plan obligation, any financial penalties or other collection cost.

Late fees are assessed at the time of billing for accounts that are 30 or more days past due. At 30 days past due, the entire payment plan balance will be accelerated (see note below) and a late penalty of 10% of the outstanding balance is assessed. The late penalty indicates that your account is past due. Unless you resolve the debt immediately, Mad Science of the Mid-South will advance the matter to the next step in the collection process.

Once an account is 60 days past due and forwarded to collections, repayment arrangements must be made directly with the collection agency, and the account holder bears the cost associated with collection efforts.

The makers and endorsers of this agreement hereby waive protest, presentation, and notice of dishonor and hereby agree to remain bound for the payment of this agreement. The makers and endorsers of this agreement hereby waive the benefit of their homestead exemption as to this debt and agree to pay all expenses incurred in the collection of this agreement.

Signature of Parent (required): _____ Date: _____

After completion, return this form to: Mad Science of the Mid-South
1425 N. Germantown Pkwy. Suite 5
Cordova, TN 38016

NOTE: *ACCELERATED: The payment plan in its entirety will be due and payable once any payment or portion thereof becomes past due. Fees will be assessed on the entire payment plan amount.