



## REAL-COACHING INSTITUTE™ REGISTRATION INSTALLMENT AGREEMENT

**PLEASE COMPLETE AND FAX TO 303-784-4407**

I, \_\_\_\_\_, agree to the following payment terms for my Real-Coaching Institute™ registration. I understand I am committing to paying in full as this is a comprehensive program I am enrolling in.

I agree to pay \$812.50 down immediately and \$812.50 per month for an additional 7 months. The first installment payment of \$812.50 will be due 30 days after the initial down payment, with remaining payments to be processed in 30 day installments. I agree that I am responsible for paying a total amount of \$6,500 and understand there are no refunds. This is a morally and legally binding agreement. A \$10 late fee will be charged for payments not received, or unable to be processed, by installment due date. Payments are non-refundable.

- I understand that if, for any reason, I do not make a full and complete payment, then I will no longer be eligible for this payment plan and I will be fully responsible for the total sum plus 10% interest, immediately.
- I understand I will be responsible for any legal fees which might arise and any expenses which may be incurred by Real-Coaching Institute™ in efforts to obtain full payment, if I fail to meet the conditions of this Agreement.

This Agreement is governed by and will be administered by the laws of Colorado, U.S.A.

**Agreed method of Payment: (PayPal/Credit Card / Cashier's Check or Money Order – no personal checks – US Funds only)**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

We ask that you also complete secondary card information. Your primary card entered on your order will always be used first. Note: your signature authorizes Real-Coaching Institute™ to charge your secondary credit card in the event your primary card payment does not go through. It also confirms that you are in agreement with the terms noted above.

Card Number 2: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address (If different than above):

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_