North Florida Martial Arts, Inc.
ENROLLMENT AGREEMENT

112"A" Anastasia Boulevard St. Augustine, Florida 32080
(904) 823-3464 Fax: (904) 823-3601

MEMBER/BUYER INFORMATION

Member/Buyer Name _____ _____
First Last

Address:_____**City:**_____**State:**_____**Zip:**_____

Home:( )_____**Work:( )**_____**Cell ( )**_____

Emergency Contact:_____ _____( )_____
Name Address Phone Number

Member:_____**(M/F) DOB**____/____/____ **Member:**_____**(M/F)DOB**____/____/____

MEMBER'S/BUYER RIGHT TO CANCEL

If you wish to cancel this agreement, you may cancel by delivering or mailing by certified mail, return receipt requested, written notice to the School. The notice must say that you do not wish to be bound by the agreement and must be delivered or mailed before 12 midnight of the third business day after you sign and receive copy of this agreement. The notice must be delivered or mailed to the School at the address shown. If you cancel, any downpayment or initial fee may not be refundable and you will be obligated to pay your monthly tuition for the duration of the cancellation notice required.

PAYMENT OPTIONS & TERMS

TUITION

The Member/Buyer agrees to pay the following tuition:

1. Cash Price $_____
2. Downpayment -_____
3. Unpaid Balance _____
4. Enrollment Fee +_____
5. Total Amount _____

TERMS

A late fee of $15 will be charged for each account 10 days past due.

1. Program Offered:_____
2. Begins____/____/____Ends:____/____/____
3. Number of Payments: _____
4. Amount of Each Payment: $_____
5. First payment due to NFMA, Inc.____/____/____

AUTHORIZATION FOR North Florida Martial Arts, Inc. AUTOPAY – The member/buyer hereby understands and authorizes NFMA, Inc. to deduct tuition payment directly from the following credit card account according to the terms of this agreement. BUYER INITIAL_____.

Credit Card Account Number: _____ Expiration: _____/_____ MC VISA

Payments are to be made to NFMA, Inc. on or before the due date of each consecutive month. A service charge of $25 will be assessed on any item presented for collection and returned for any reason. NFMA, Inc. reserves the sole right to modify any payment due date. NFMA, Inc. will also assess a **$15 late fee** for any account 10 days past due.

I have read this agreement and understand that once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all the provisions, terms and conditions **as per back of** this agreement set forth. I acknowledge I have received a copy of this agreement:

ACCEPTED: **SCHOOL SIGNATURE**_____**DATE:**_____

MEMBER/BUYER SIGNATURE:_____**DATE:**_____