401 7852202 Info@hitepri.com
515 Elmwood Ave Providence RI 02907

If I cannot pay the total amount on registration I, ELPHITA SANTOS agree to make payments on a weekly basis for the course to be paid in full by the fourth week of the program. I acknowledge that I will have until every Friday of the first fourth weeks of the program to make payments to complete the remaining balance. If a payment is not made, I am informed that this may mean the impossibility of continuing the course.

I understand the consequences that will be brought against me if this contract is violated. Consequences could include inability to progress or complete the program until all outstanding amounts are paid, account being turned over to collection agency and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that HITEP may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

Total amount owed (beginning balance)	**$2000**
Minimum down payment	**$1000**

Payment Date	**Payment Amount**	**Balance**
01/08/2024	1000	1000

If there is any reason I cannot make payments on the stipulated date, I must have a valid reason, that must be authorized by the office manager. The above plan does not include the State Test Fee $ 165.00 (to be paid directly to CREDENTIA for exam application) nor the License Fee of one (1) $35.00 money order which will be submitted with the DOH application in before the final week of the Program.

Signature: ES

Administration Signature: MG

Date: 01/08/2024