



BILLING FORM

Initial Registration Fee \$ _____

Course Price: \$ _____

Down Payment \$ _____
(subtract)

Balance (unpaid) \$ _____

Installments \$ _____

Start Date of Billing _____

End of Billing _____

Monthly Payments
(Electronic Funds Transfer)

Credit Card Number

Name on Card

Exp. Date _____ Zip Code _____

Code (on back) _____

Type: Mastercard Amer Exp
 Visa Discover

BILLING AGREEMENT

I understand and agree to pay New Era Martial Arts LLC the monthly payments listed with the first payment due on the 1st of the month and subsequent payments on the same day of each consecutive month thereafter, until payments for the course as described above is completed or until I or New Era Martial Arts LLC terminate this agreement.

Being a student of the facilities operated by New Era Martial Arts LLC, I will comply with all the rules and regulations of the programs. Failure to take the lessons in the allocated time, without written approval from New Era Martial Arts LLC invalidates the lessons beyond the expiration date. Lessons are typically not conducted on Sundays, national holidays, or examination days.

CANCELLATION: I understand that I may cancel this agreement without any penalty or further obligation within three business days after the date of this agreement, excluding Sundays and holidays. After three days, I may cancel this agreement at any time with a 30 Day advance notice, unless I have a tuition contract. Notice of cancellation shall be in writing and Emailed to: Thenewerama@gmail.com or written Document handed to one of our staff members.

Late Fee: If monthly payment is more than 5 days past due, a late fee of \$20.00 will be charged.

Student Signature _____ Date _____

Parent /Guardian Signature _____ Date _____
(if student under 18)