Easy Pay Consent Form

I understand and agree to authorize **Practice Management Institute® (PMI)** to maintain my credit card(s) and/or debit card(s) on file for the balance charges to be paid according to the following payment agreement:

Course Name: _____ Program / Product #:_____

Course Fee: $_____
Discounts (if applicable): - (_____)
Code_____ Subtotal_____
S/H Fee (if applicable): + _____
TOTAL FEE: $_____

I understand that the 1st payment is required to gain access to the course instruction and materials, and that payment in full is required before I can request to sit for the certification examination.

I agree to pay the TOTAL FEE noted above in three (3) installments: 1) 50% of total fee, 2) 25% of total fee, and 3) 25% of total fee. I give my consent to Practice Management Institute to charge my credit card(s) and/or debit card(s) for the amount specified on the following dates until the balance is paid in FULL:

1st payment of $_____ will be made on _____ (Date)
2nd payment of $_____ will be made on _____ (Date)
3rd payment of $_____ will be made on _____ (Date)

Please have funds available as agreed. You will be held liable for returned payment fees incurred and processing time.

I understand that this form is valid for one year unless I cancel the authorization through written notice and make other payment arrangements to pay the balance in full. I understand that I am liable and will be held responsible for the FULL payment of my purchase and all means of collection will be used. My signature indicates my agreement with these Terms and Conditions.

_____ #_____
Course Registrant Name PMI Invoice (if applicable)

_____ _____
Signature Date

NOTE: All pages of this form must be completed in full and signed prior to course commencing. Payment dates and arrangements must be first approved by the PMI Accounting Department. All applicable cancellation policies will be enforced during the term of this agreement.

PRACTICE® MANAGEMENT INSTITUTE

Billing Information

Billing Information

Name: _____

Address: _____

City: _____

State / Province: _____ Postal code: _____

Country: _____

Phone: (____) _____ Fax: (____) _____

Cell Phone: _____ Email: _____

Shipping Information

Employer/Organization Name: _____
(if applicable)

ATTN: _____

Address: _____

City: _____

State / Province _____ Postal code: _____

Country _____

Phone: (____) _____ Fax: (____) _____

Direct line or extension: (____) _____ Email: _____

Do not write below this line

PMI OFFICE USE ONLY

PAYMENT	AMOUNT	DATE CHARGED	REFERENCE #	AUTHORIZATION CODE
1				
2				
3				
4				
5				
6				

Approved by: _____ Date: _____

PRACTICE® MANAGEMENT INSTITUTE

Credit Card Information (1st card)

Use for Payment date(s): _____

Card Type: ❑ VISA ❑ MasterCard ❑ American Express

Card Number: _____ Security Code: _____

Expiration date: _____ Cardholder:_____

Cardholder Billing Address: _____Apt/ Ste/PO Box_____

_____

City: _____State _____ Zip code _____

Cardholder Contact Number (____)_____ Email: _____

Credit Card Information (2nd card)

Use for Payment date(s): _____

Card Type: ❑ VISA ❑ MasterCard ❑ American Express

Card Number: _____ Security Code: _____

Expiration date: _____ Cardholder: _____

Cardholder Billing Address: _____ Apt/ PO Box#_____

_____

City _____ State _____ Zip code _____

Cardholder Contact Number (____)_____ Email: _____

Please scan/email the completed form to:

Practice Management Institute, Accounting Department
Email: accounting@pmiMD.com
Inquiries: 800-259-5562