



AC0226 Northern Lights School of Massage Finance Contract and acknowledgement of the Indiana State Refund Policy for the 528 hour program.

I _____ understand that I am entering into a binding contract with Northern Lights School of Massage for the purpose of attending massage classes. I am entering into a 560 hour program which could take up to 16 months to complete. I agree to pay Northern Lights School of Massage \$7900.00 for 560 hours of education in the field of massage therapy. I further understand that there is a non-refundable application fee of \$100.00. Payable by the first day of classes, April 22, 2017.

Under this contract I agree to pay _____ monthly with the balance of _____ due upon graduation. I understand that the balance is to be paid in full to obtain my transcript and diploma. The school will withhold these documents until the balance is paid in full.

Should I default on my payments I may be asked to leave school until such time as my payments are brought current.

Printed name: _____ DOB ___/___/_____

SS# _____ - _____ - _____ Signature: _____

Signed this _____ day of _____, 20____ in the State of Indiana, county of _____

School officer: _____

ID : State drivers license# _____

I acknowledge receipt of the Indiana State Refund Policy

This institution is regulated by:

The Indiana Department of Workforce Development Office for Career and Technical Schools

10 N Senate Ave., Room SE 304 Attn: Dinell Edge

Indianapolis, IN 46204

317-234-8338