



Student Financing Application

Fax to: 702.446.0357 or Email your Sales Consultant

Assisting your Financial Needs If you are looking for a way to pay for your training, Network Learning, Inc. can assist you! We understand that paying for your training can be difficult and have created optional payment programs. PLEASE NOTE: This program is only available to US or Canadian residents. **Application process is hassle free;** no application fee, no credit check, \$25 per month processing fee, and payments can be made by credit card, personal check, money order, wire transfer, or business check.

STUDENT (COURSE ATTENDEE) INFORMATION: Please Print Information Clearly and Completely

Course Name: _____ Date of Course: _____ Location: _____

Student Name: _____
First Middle Last Maiden Name (if applicable)

Email Address: _____ Secondary Email Address: _____

Mailing Address: _____

City _____ State _____ Zip _____ Country _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security #:

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 Date of Birth: _____

Driver's License #: _____ Expiration Date: _____ State of Issuance: _____
(Please provide copy, of front and back of Driver's License)

Employer Name: _____

Work Address: _____

City _____ State _____ Zip _____ Country _____

PAYMENT INFORMATION: Credit Card Personal Check Money Order Wire Transfer Business Check

Course Fee: _____ Payment 1: _____
(50% down, due at time of registration)

***First finance payment 2 is due on the 1st of the month prior to taking the class**

3 Month Plan

Payment 2*: \$ _____ Due: _____
Payment 3: \$ _____ Due: _____
Payment 4: \$ _____ Due: _____

6 Month Plan

Payment 2*: \$ _____ Due: _____
Payment 3: \$ _____ Due: _____
Payment 4: \$ _____ Due: _____
Payment 5: \$ _____ Due: _____
Payment 6: \$ _____ Due: _____
Payment 7: \$ _____ Due: _____

Name exactly as it appears on your credit card: _____
First Middle Last

Credit Card Number

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 Choose One: Visa American Express MC Discover

Expiration Date: _____ 4-Digit Security Code: _____

Street Address: _____

City _____ State _____ Zip _____ Country _____

Signature of Card Holder: _____

IT IS THE STUDENT'S RESPONSIBILITY TO INFORM US OF ANY CHANGES TO THEIR CREDIT CARD. IF A CREDIT CARD PAYMENT IS DECLINED, AN ADDITIONAL \$20 FEE WILL BE ADDED TO THE BALANCE OF THE BILL.

PLEASE NOTE: Payment is due on the 1st of the month. A late fee of \$25 will be applied to your monthly payment, in addition to the \$25 monthly processing fee, if we do not receive payment within 5 days of the due date. Network Learning, Inc. will deduct the amount from the student's credit card if payment is not received. Financing does not include expenses for hotel accommodations or test fees.

I agree to the terms of this agreement.

Student Signature _____

Date _____