

Application for Payment - Corporate Standard Gold

Canadian Currency

FULL NAME OF TRAINEE(S): _____

NAME OF CORPORATION : _____

CORPORATION ADDRESS: _____

PROGRAM

This application is to engage the services of Accent Pro Institute for the instruction of a 40-hour session (includes the initial, medial and final Accent Assessments) contextualized English accent, pronunciation and fluid speech training program. Each session is normally one hour per week over approximately a 10-month period, delivered by telephone, Internet telephony, or in person in the Vancouver area. (In person training begins at an additional \$15 per visit.)

PAYMENT:

One Standard program full payment: \$3400

PAYMENT METHOD: Please check your preferred payment method:

Credit Card

Debit Card

Company Cheque* (acceptable only from a *North American bank* account in *Canadian* funds)

Bank Check / Money Order* (acceptable only from a North American bank account)

Other: _____

*Please make checks or money orders payable to "Accent Pro Institute".

CANCELLATION AND RE-SCHEDULING

Program Cancellation: Please note that this program is non-refundable and non-transferrable. This also means that if payment is via a monthly payment plan, should the corporation or Trainee(s) cancel before the final session with Accent Pro Institute, the recurring payments will continue to be made until the full tuition payment plan has been paid in full.

Re-scheduling: If the corporation or Trainee(s) need to re-schedule a session, the corporation or Trainee(s) is required to call prior to 24 hours of session start time so that this session may be re-scheduled. Cancellations made by the corporation or Trainee(s) within 24 hours of session start times will be forfeited and will not be able to be re-scheduled. If the Trainer misses a class, for whatever reason, the corporation or Trainee(s) has a 100% guarantee that it will be re-scheduled by the Trainer or substitute Trainer, no questions asked. On the very rare occasion that it is impossible for any Trainer to re-schedule a session to a later date, that session itself will be refunded.

I understand the terms of this payment agreement and I hereby authorize this payment(s) to Accent Pro Institute by my corporation as indicated by my signature below:

Authorized Signee _____ Date _____

Signee Name _____ Signee Title _____