

Accent Pro Accent & Pronunciation Training

Speak English Clearly, Accurately & Fluidly

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Application for Payment - Customized Duration

Canadian Currency

FULL NAME OF LEARNER(S): _____

FULL NAME OF COMPANY CLIENT: _____

FULL ADDRESS: _____

PRODUCT

This application is to engage the services of Accent Pro for the instruction of a Customized Duration (2 hours+ includes the accent diagnosis and possibly mid and final evaluations) contextualized English accent and pronunciation training program, delivered by telephone, Internet telephony, or in person in Montreal. (In person training is an additional \$10 per visit.)

PAYMENT:

One-Hour Sessions: _____ X \$50 = \$ _____

PAYMENT METHOD: Please check your preferred payment method:

- Cash (acceptable only if made in-person)
- Credit Card
- Debit Card
- Company or Personal Check* (acceptable only from a North American bank account)
- Bank Check / Money Order*
- Other: _____

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

CANCELLATION AND RE-SCHEDULING

Program Cancellation: Please note that this program is non-refundable and not transferrable. This also means that if the learner is on a monthly payment plan, should he or she cancel before his or her final session, the recurring payments will continue to be made until the full tuition has been paid.

Re-scheduling: If the learner should need to re-schedule a class, he or she needs to call prior to 24 hours of class start time so that this class may be re-scheduled. Cancellations made by the learner within 24 hours of class start times will be forfeited and will not be able to be re-scheduled. If the instructor misses a class, for whatever reason, the learner has a 100% guarantee that it will be re-scheduled, no questions asked. On the very rare occasion that it is impossible for the instructor to re-schedule a class to a later date, that class itself will be refunded.

I understand the terms of this payment agreement and I hereby authorize this payment to Accent Pro indicated by my signature below:

Authorized Payor Signature _____ Date _____

Payor Name (and Title): _____

Thank you for your investment and payment.