



ZORGANICS INSTITUTE
BEAUTY AND WELLNESS

TUITION PROMISSORY NOTE

I _____, agree and promise to pay Zorganics Institute the sum of \$_____ in return for enrollment and education in the _____ program. This sum is to be paid in parts of one down payment totaling _____ and no more than _____ equal payments of _____, due the first of each month. All owed sums will be due to be paid no later than _____.

I understand that Zorganics Institute will provide my training needs, a student kit of quipment, books, uniforms, and supplies in the _____ program. Tuition payment terms may be discussed with an Institute Administrator.

I, the undersigned, agree to be held responsible for the payment to the sum of \$_____ and understand that if i fail to pay the total sum and any applicable or resulting fees i.e. late payments and interest, I will not be able to graduate from Zorganics Institute and will not receive a diploma or certificate from the school and all my records will be placed on hold. I understand that failure to pay can result in my account being referred to collections and that I will be responsible for all according fees resulting from this action.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

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