

INSTALLMENT CONTRACT

Veterinary Receptionist Program

RETAIL INSTALLMENT CONTRACT

SOCIAL SECURITY # _____ ID.# _____ NIGHT: _____
 _____ Area Code Telephone _____
 Buyer's Name (First Name; Last Name) (Please Type or Print) _____ DAY: _____
 _____ Area Code Telephone _____
 Address _____ City (Please Don't Abbreviate) _____ State _____ Zip Code _____

In this installment contract (Note), the words I, me, mine, and my mean each and all of those who signed it as Buyer and Co-Buyer (where applicable). The words you, your, and yours mean the Seller indicated below or anyone legally entitled to receive payments from me.
PROMISE TO PAY: I promise to pay the Total of Payments in the number and amount of installments and on the dates as shown below at your address, or to the address of anyone legally entitled to receive such payments. This Note is part of and is subject to the terms and conditions contained in any written agreement between Buyer and Seller made in connection with this Note.

ITEMIZATION OF THE AMOUNT FINANCED

(1) Cash Price Regis. + App.	\$ 150.00
(2) (+) Materials	\$ 150.00
(3) (+) Tuition	\$ 1,250.00
(4) Total Cash Price (1) + (2) + (3)	\$ 1,550.00
(5) Cash Down Payment	\$ _____
(6) Unpaid Cash Price (4) - (5)	\$ _____
(7) (-) N/A	\$ 0.00
(8) (-) N/A	\$ 0.00
(9) Amount Financed (6) - (7) - (8)	\$ _____

DESCRIPTION OF SERVICES AND/OR MERCHANDISE

Veterinary Receptionist Program

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

(9) Amount Financed The amount of credit provided to me or on my behalf \$ _____	(10) FINANCE CHARGE The dollar amount the credit will cost me \$ _____	(11) Total Of Payments The amount I will have paid after I have made all payments as scheduled \$ _____ (9) + (10)	(12) Total Sale Price The total cost of my purchase on credit, including my down payment of (5) \$ _____ (5) + (11) \$ _____	ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate 12 %
MY PAYMENT SCHEDULE WILL BE:				DEFAULT: I'll be in default if I don't fully pay any installment on time. You may then demand the unpaid balance, earned finance charge, plus any attorney fees, collection fees and interest as allowed by law. LATE CHARGE: If any part of any payment is more than 10 days late, I will be charged either (a) 5% of the payment or \$5.00 whichever is less or (b) an amount as per state law if higher. See the Note below for any additional information about nonpayment, default, any required payment in full before the scheduled date, and prepayment refunds and penalties. AMOUNT FINANCED: Amount financed will be applied to my account.
Number of payments	Amount of each payment	Payments are due monthly, the same day of each month beginning:	APR	
	\$ _____	2008	12 %	
	\$ _____		%	

COMMENCEMENT OF FINANCE CHARGE: The finance charge will begin to accrue one calendar month prior to the first payment date as shown above.
PREPAYMENT: I may pay my total balance due in full at any time without penalty. My account will be credited for the unearned finance charge, calculated according to the actuarial method.
SUBSTITUTION: The Seller reserves the right to substitute services and/or merchandise of equal or superior value.
CREDIT INFORMATION: You may investigate my credit history and furnish information concerning myself and this Note to any person or firm who may lawfully receive such information.
GUARANTY: Anyone signing this Note as a Co-Buyer will be responsible for all amounts due if the Buyer defaults on the terms of this Note, without having to proceed against Buyer.
INVALID PART OF NOTE: If any part of this Note is invalid under the law you will not lose any of your rights as to the other parts of this Note.

NOTICE TO THE BUYER: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE CREDIT SERVICE CHARGE.

BY SIGNING THIS NOTE, I ACKNOWLEDGE RECEIPT OF A COMPLETELY FILLED IN COPY OF THIS RETAIL INSTALLMENT CONTRACT.

DATE OF NOTE _____

Seller Veterinary Technical Institute, Inc. (L.S.)

By _____
 SIGNATURE - AUTHORIZED REPRESENTATIVE - TITLE
4907 Least Tern Ct.
 ADDRESS
Naples, FL 34119
 CITY STATE ZIP

Signed _____ BUYER

Signed _____ CO-BUYER

PRINTED NAME OF CO-BUYER _____

STREET ADDRESS OF CO-BUYER _____

CITY, STATE, ZIP CODE OF CO-BUYER _____

() NIGHT: CO-BUYER'S TELEPHONE # _____ CO-BUYER'S SOC. SEC. # _____

() DAY: CO-BUYER'S TELEPHONE # _____ RELATIONSHIP TO BUYER _____

WHITE: FOR LENDER YELLOW: FOR BUYER PINK: FOR SELLER
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