



NAME (Please Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (H) _____ EMAIL: _____

Course Name _____ **Dates:** _____

FEES: Total Tuition is \$ _____. Includes all materials and is due upon registration unless other arrangements made with provider. Returned checks will incur a \$35 fee. Total payment of the course fee is required one week prior to the start of the course.

REFUND OR TRANSFER POLICY: Refund/cancellation requests will be accepted up to 24 hours before the scheduled class and only 80% of the course fee will be refund. If you do not cancel, you will be charged full tuition. These requests must be made in writing and either postmarked or presented in person 48 hours in advance to COMPS Academy. Refunds will not be processed for persons who have attended any portion of the course. Refunds will be processed without request for any classes cancelled by the academy. Refunds will be made within two weeks of request. If changes are requested within 24 hours prior to class, fees may be transferred to another class.

Payment Plan:

First payment: 25% of the cost of the class upon registration Amount _____ Date _____

Second payment: 50% of the cost of the class due 30 days from the start date Amount _____ Date _____

Final payment: final balance due a week prior to the start date. Amount _____ Date _____

Payment Information:

Name of Credit Card _____

Credit Card Number _____ Expiration Date _____ Security Code _____

Billing Address _____

I have read, understand and agree to abide by Comps Academy Payment policies. I agree to abide by all the refund terms and conditions. I understand that I am obligated to pay my tuition in full one week prior to the start of the class. Late payments are subject to late fees.

Our courses are offered to anyone over the age of eighteen regardless of race, color, gender, age, national origin, familial status, religion or handicap (Please contact provider as soon as possible if any accommodations are needed).

Date

Signature of Student

Signature of Provide

Office Use:

Payment Authorization: 1st _____ 2nd _____ 3rd _____