

## 2018 ARIP Payment Authorization for US Residents

(Student Full Name: \_\_\_\_\_ )

	Payment Schedule(s) (Please select payment option)		Payment Schedule(s) (Please select payment option)		Payment Schedule(s) (Please select payment option)
( )	<b>December (2017)</b>	7 / 6 / 5 / 4 / 3 / 2 / 1	( )	<b>April (2018)</b>	3 / 2 / 1
( )	<b>January (2018)</b>	6 / 5 / 4 / 3 / 2 / 1	( )	<b>May (2018)</b>	2 / 1
( )	<b>February (2018)</b>	5 / 4 / 3 / 2 / 1	( )	<b>June (2018)</b>	1
( )	<b>March (2018)</b>	4 / 3 / 2 / 1	<b>July (2018) only if available **</b>		

**Please select the payment plan as follows:**

- [ ] 7 Payment Plan: 1st Month (\$1,072 + \$60 Application Fee\*) and \$1,072/Mo x 6 Months
- [ ] 6 Payment Plan: 1st Month (\$1,227 + \$60 Application Fee\*) and \$1,227/Mo x 5 Months
- [ ] 5 Payment Plan: 1st Month (\$1,444 + \$60 Application Fee\*) and \$1,444/Mo x 4 Months
- [ ] 4 Payment Plan: 1st Month (\$1,769 + \$60 Application Fee\*) and \$1,769/Mo x 3 Months
- [ ] 3 Payment Plan: 1st Month (\$2,310 + \$60 Application Fee\*) and \$2,310/Mo x 2 Months
- [ ] 2 Payment Plan: 1st Month (\$3,394 + \$60 Application Fee\*) and \$3,394/Mo x 1 Month
- [ ] 1 Payment Plan: (\$6,500 1st Month+\$60 Application Fee\*)

**July (2018) \*\***      **\$7,000** (Late Registration Fee Applied and Restrictions may apply) Only if seat is available

### << Payment Terms and Conditions >>

1. Initial Payment paid is **Non-Refundable after Seven (7) Calendar Days** from the contract date which is the date the application is submitted. The payment refund request should be submitted by the written format ONLY within Seven (7) Calendar Days from the contract date, and **10% Restocking fee of the total contracted amount is applied for the refund. \$60 Application Fee is Non-Refundable. The Refund processing may take up to Thirty (30) calendar days from the refund request date.**
2. Certain restrictions of the payment methods may apply according to the applicant's payment plan and personal credits. AGM Institute LLC has all rights to restrict the applicant's payment plan selection according to the conditions of the payments to be made. The partial payment option is applied by 26.5% APR financial charge and the payor agrees for the financial charge(s) by selecting the payment option.
3. ARIP registration in July (2018) period may not be available and the registration may be closed according to each ARIP locations and its local conditions. The applicant agrees to pay for the late registration fee for July (2018) registration if any, and no partial payment plan is available for July (2018) registration. The applicant must receive the preapproval from ARIP authority prior to applying for July (2018) application ONLY if available.
4. The payor agrees that any litigation shall be governed and construed in accordance with the substantive laws of the State of Maryland, without giving effect to its principles of conflict of laws and exclusive venue and jurisdiction for all claims arising hereunder shall be the applicable federal and state courts sitting in the State of Maryland. Both parties agree that any litigation should be processed through Circuit court for Montgomery County in Maryland and United States District Court in Greenbelt, Maryland.

**Payment Dates: (MM/DD/YYYY)**

**Credit Card Payment Authorization**

**Payment Methods (Select):**

Credit Card       Check

- [1st Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)
- [2nd Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)
- [3rd Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)
- [4th Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)
- [5th Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)
- [6th Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)
- [7th Payment] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (By check, #: \_\_\_\_\_)

**VISA    Master    Discover (Please Select one)**

I authorize the above payments to be charged as agreed and on the scheduled date(s) to the following credit card.

**Credit Card Name:** \_\_\_\_\_

**Credit Card No.:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_ (CVV2: \_\_\_\_\_)

**Billing Address:** \_\_\_\_\_

**Country:** \_\_\_\_\_ (Zip code) \_\_\_\_\_

**(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)