

Bill Healy International Travel and Tourism College

Registered Training Organisation No.4625

Application Enrolment

Progress payment contact between

Bill Healy Travel Pty Ltd. trading as Bill Healy International Travel and Tourism College

and

Name in Full : (Please print)

THIS CONTRACT TO BE READ IN CONJUNCTION WITH THE ENCLOSED TERMS AND CONDITION OF ENROLMENT

PAYMENT SCHEDULE CONTRACT * AN ADMINISTRATION FEE OF \$150.00 IS INCLUDED IN PAYMENTS.

Deposit due upon enrolment	\$ 500.00
Payment due on 16 February 2009	\$ 2600.00
Payment due on 02 March 2009	\$ 750.00
Payment due on 06 April 2009	\$ 750.00
Payment due on 04 May 2009	\$ 750.00
Payment due on 01 June 2009	\$ 750.00

PAYMENTS MAY BE MADE BY CASH, CHEQUE, MONEY ORDER OR CREDIT CARD.

LEGAL CONTRACT

- I wish to enrol as a student in the course commencing **23 February 2009**. I agree to be bound by the College Terms and Conditions of Enrolment, if my application for enrolment is accepted by the College.
- I agree to the above payment schedule contract. I understand that my training will be cancelled if the payments are not made on the due date. No extensions permitted.
- Should I decide not to complete the course, I hereby agree to continue to make all payments as per the above payment schedule contract.
- I understand this contract is binding by law and legal action will be taken by the college to recover any unpaid fees.
- All payments must be made before I may participate in the overseas educational trip.

Name:

Address:

Telephone: Email address:.....

Date of Birth:..... Age as at FEB 2009:.....

Signature: Date:
(If under 18 years of age form must be signed by legal Parent/Guardian)

IF PAYING BY CREDIT CARD PLEASE COMPLETE THIS SECTION.

All course fees paid by credit card incur a 2% transaction fee. I hereby authorise the Bill Healy International Travel and Tourism College to automatically debit the credit card detailed below on a monthly basis in accordance with payment schedule detailed above.

Type of card accepted (Please tick applicable card) Visa Mastercard

Card No: Expiry Date:

Card Holders Name Signature:..... Date:.....

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