



# ARBOR VITAE

## SCHOOL OF TRADITIONAL HERBALISM

SUBMIT TO: [INFO@ARBORVITAENY.COM](mailto:INFO@ARBORVITAENY.COM)

### UPFRONT TUITION AGREEMENT FORM

Purpose of this form: Use this section if you are not able to pay your full tuition balance until the beginning of the semester. You must meet all due dates that are established by the school.

ALL STUDENTS ARE RESPONSIBLE FOR PAYING THEIR ANNUAL TUITION IN FULL, REGARDLESS OF WHETHER THEY COMPLETE THE PROGRAM OR NOT.

#### Terms and Conditions of Payment

1. I agree to pay my full tuition balance, under the terms of this agreement, by September 1<sup>st</sup>.
2. I agree and understand that I am legally obligated to pay the full tuition even if I do not attend all classes or withdraw from the program.
3. I agree to allow ArborVitae to occasionally verify my credit card information prior to my tuition being paid, without first notifying me, by placing a temporary hold on funds up to \$3.
4. I understand that, if I pay by check and it is returned for any reason, then I will pay the penalty and late fee plus a \$30 returned check fee.
5. I understand that payments sent by mail must be post-marked on or before the due date, and that I must also notify ArborVitae by email that the payment has been posted.
6. I understand that, should it become necessary for ArborVitae to retain an attorney or collection agency to secure payment of any amount due, I will be responsible for all collection costs and legal fees.

#### Removal from Program:

I understand that, should I fail to pay my tuition in full by September 1<sup>st</sup>, my place in the program will be offered to the next person on the wait list and I may not be able to attend classes this year.

Phone: 646-721-5998 🌿 Email: [info@arborvitaeny.com](mailto:info@arborvitaeny.com) 🌿 Web: [arborvitaeny.com](http://arborvitaeny.com)  
Mailing: ArborVitae, LLC, PO Box 562, New York, NY 10113

By filling out this form, I agree to and have read and understood all of the above terms and conditions. I also recognize that it is my responsibility to adhere to the due dates to avoid additional fees.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
First Middle Last

Program Year: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Credit Card Information

Provider: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of Cardholder (if different from student's): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip