FlowerSchool NEW YORK LLC
213 West 14th Street New York, New York 10011 / 212-661-8074

Payment Plan Contract

Student Name:
Address:
Phone:
Email:

I, the undersigned, agree to make payments to FlowerSchool New York on the specified dates and the agreed amounts stated on the payment schedule below.

A total cost of $7,850 will be paid by _____ as per the below schedule until the outstanding balance is paid in full.

Total amount owed (beginning balance): $ 7,850

Payment Date	Payment Amount	Balance
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		
___ / ___ / ___		

Declaration: I have read the payment agreement and agree with the above schedule of payments and will remain current with this agreed upon payment plan.

Name _____

Signature _____

Date _____