

Financial Solutions Network

Providing Our Valued Clients with a Fresh Start

Debt Educational Program Payment Agreement

I/we, _____, wishing to enter into a Business agreement with **Financial Solutions Network**, agree to the following terms:

1. The total cost for the FSN debt relief program is \$_____ and provides all benefits and is subject to all conditions specified in the Debt Relief Education Purchase Agreement.
2. I/we agree to make an initial payment of \$_____ payable to **Financial Solutions Network** for these services, to be paid by **Cashier's Check or Money Order** and delivered by **priority mail or overnight courier** to FSN's address below:

Financial Solutions Network

4319 South National Ave. #306
Springfield, MO. 65810

3. I/we further agree to pay the remaining balance amount of \$_____ by the same method and that such payment will be received by **Financial Solutions Network** according to the following payment schedule:

_____ payment(s) of \$_____ to be paid on or before the **25th** of each month, starting _____/25/_____ for _____ month(s). Final payment will be due on _____/25/_____.

4. In the event that a payment is more than seven (7) days late, **Financial Solutions Network** may stop servicing my account until payment is received.
5. If any payment is more than one (1) month delinquent, **Financial Solutions Network** may, at their option, cancel my service and be under no further obligation to me.
6. A \$25.00 late fee will be charged on all payments received after the above payment due date. Any and all late fees will be added to the remaining balance due, and members are required to mail in the additional amount with their final payment.

Member Signature

Print Sr. Agents Name & ID Number

#_____

Spouse Signature

Print Jr. Agents Name & ID Number

#_____

Date