



Lynden ♦ Bellingham  
Mt Baker HS ♦ Blaine HS ♦ Meridian HS ♦ Nooksack HS

# Nelson Driving School, LLC

www.nelsondrivingschool.com ♦ (360) 756-8777  
2300 James St, Suite 103, Bellingham WA 98225

## Teen Driving Course Payment Plan

Class start date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

By this contract, **the above-named parent/guardian** agrees to make payments to **Nelson Driving School, LLC**, hereafter known as "NDS," by the following schedule listed below:

	Payment Date (10 <sup>th</sup> of each month)	Beginning Balance	Payment Amount	Ending Balance	Date Paid	Amount Paid
Payment 1						
Payment 2						
Payment 3*						
Payment 4*						
Payment 5*						

\*Balances unpaid in full by the third payment will incur a \$10 monthly fee until balance has been paid in full.

This agreement is binding, and failure to meet its terms will allow the NDS to take certain recourse. Insufficient payment and bounced checks will incur a fee of **\$50.00 per occurrence**. If payment should not be delivered at all, NDS will be entitled to **turn over unpaid balance to Olympic Collections. Parent/Guardian are responsible for collections and any legal fees due to non-payment on account.**

By signing this agreement, all parties agree to the terms as described above. Both parties will receive a printed copy of this agreement, and will be responsible for upholding its terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Nelson Driving School, LLC Representative

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date