

PAYMENT PLAN

National Association of Safety



www.naspweb.com

1-800-922-2219

accounting@naspweb.com

Fax: 910-793-5314

NASP attempts to make the payment plan as easy and reasonable for the student as possible. We ask that you strongly review your budget to ensure you can follow through on your financial obligation. Download links to the course material are provided when the initial order and down payment are made.

The payment plan is available for the Professional Certifications priced \$2295 and above. A payment plan fee of 5% of the total cost of your course will be assessed and added to each of your monthly payments. Tuition can be divided into equal monthly payments as follows:

<u>Course</u>	<u>Total Cost</u>	<u># of Payments</u>	<u>Monthly Payment</u> <u>w/5% fee</u>
Certified Safety Manager	\$2295 + \$114.75 = \$2,409.75	5 payments	\$481.95
Certified Safety Director	\$3995 + \$199.75 = \$4,194.75	6 payments	\$699.13
Licensed Safety Professional	\$5995 + \$299.75 = \$6,294.75	8 payments	\$786.84
Petroleum Safety Administrator	\$2295 + \$114.75 = \$2,409.75	5 payments	\$481.95

The payment methods are as follows:

- Credit Card
- Debit Card



Print out and complete the attached Automatic Authorization Form. The monthly debit amount should equal the monthly payment amount including the 5% payment plan fee. Failure to correctly complete this form may delay processing of your course. Return to the NASP office indicating when you want your automatic payments deducted each month.

My signature below is proof that I have read, understood, and agree to the NASP Payment Plan as described above.

Student or Purchaser Signature Print Student Name Date

Student Email Address Student Phone Number

Please FAX (910) 793-5314 or email (accounting@naspweb.com) form to NASP.

Automatic Debit Authorization



www.naspweb.com

1-800-922-2219

accounting@naspweb.com

FAX: 910-793-5314

Student Name

Total Amount of Order

15 or 16 Digit Card Number

Name as it Appears on Card

Exp. Date

Phone Number

Billing Address – Street

Student E-mail

Address City, State, Zip

Student Mailing Address (If different from Billing Address)

I, _____, give NASP permission to debit \$ _____ on the ____th of every month from the credit/debit card listed above. These deductions will begin on ___/___/___.

Customer Authorization Signature

Thank you for being part of the NASP family! It is our pleasure to meet your safety training needs!

Notes _____

