

## 6 Month Payment Plan Contract



Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

I, the undersigned, agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below to Rakkan Equestrian Center. I understand the consequences that will be brought against me if this contract is violated. The penalties could include: account being turned over to collection agency, and/or prosecution in a small claims court. In the event suit or court action is commenced to enforce, interpret or collect damages for any breach of this agreement, the prevailing party shall be entitled to recover from the party not prevailing, in addition to costs, reasonable attorney's fees as determined by any court hearing the matter. The laws of the state of Oregon, venue Deschutes County, shall apply in any dispute. Upon default, I agree to pay any fees and costs that Rakkan Equestrian Center may incur in collecting my balance owed as well as a competitive interest rate on the amount owed. I agree to pay a late payment of \$25.00 if I am 5 days late. I agree to pay balance due on contract if I am more than 10 days late of scheduled payment date. Total amount owed (beginning balance) \$840.00

Payment Date	Payment Amount	Balance
__ / __ / __	\$140.00	\$700.00
__ / __ / __	\$140.00	\$560.00
__ / __ / __	\$140.00	\$420.00
__ / __ / __	\$140.00	\$280.00
__ / __ / __	\$140.00	\$140.00
__ / __ / __	\$140.00	\$0.00

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with Rakkan Equestrian Center, and I remain current with this payment plan.

Signature	Date
Rakkan Equestrian Center	Date

