

NAME Of Applicant: _____

PAYMENT TERMS AND CONDITIONS AGREEMENT

THIS PAYMENT TERMS AND CONDITIONS AGREEMENT (the “Agreement”), made this ____ day of _____, 2017, is by and between _____ (the “Applicant/Purchaser”) and NXIVM INC (the “Company”).

WHEREAS, this Agreement acts as a supplemental exhibit to the Intensive Program Application, and NXIVM’s Confidentiality Agreement.

NOWTHEREFORE, the Applicant/Purchaser and the Company hereby acknowledge and agree as follows:

1. I commit to graduating from the Program, within a two-year period of starting, which would enable me to have a career path with NXIVM.
2. I commit to complete the required amount of hours in class, in work group, as independent studies, and any internship as directed by NXIVM until I graduate.
3. I agree to be open to evaluation, and feedback. And I commit to working a program as suggested by NXIVM and to using whatever tools necessary to overcome any limitations obstructing my ability to graduate from the Program.
4. I understand the cost of the Program is \$5000 per month. If I choose one of the options below, I agree to pay a day rate of \$10 per day. In additional, should I require translation, I agree to pay the translation fees monthly.
5. I agree to the following exchange for my participation in the Program (please choose whichever option applies to you):
 - a. Enroll two people whom have never taken any NXIVM programs into the University Program by the following date: _____.
 - b. Have 50% of my commissions withheld until I have earned the full title of my chosen career path.
 - c. Pay \$_____ per month for the initial 6 months of the Program, and thereafter have 50% withheld from my commissions until I earn full title of my chosen career path.
 - d. Perform the following function to assist and facilitate the Program:
_____.

- e. Should I fail to uphold my commitment in graduating the Program, I shall do the following:
- i. Transfer title and ownership of _____ to an entity NXIVM chooses, or;
 - ii. I agree to have 50% of any income withheld from any career or contractor opportunity I have with NXIVM until I have returned to being in integrity with NXIVM.
 - iii. Start payments within 6 months of my exiting the program with a 9% per annum interest rate applied with the credit card given below.

I understand I will not be allowed to participate in any further exchanges, contractor work or education from the company, or related companies should I not fulfill my promise.

NOWHEREFORE, the Applicant and the Company hereby acknowledge and agree to all of the terms and conditions set forth above;

Date

By:

APPLICANT

Date

By:

COMPANY

CREDIT CARD AUTHORIZATION

Applicant Name: _____

Card Holder Name (if different): _____

Credit Card Billing Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Telephone: _____ E-mail: _____

Card Type:

- Visa MasterCard American Express Discover

Credit Card Number: _____ CSV Code: _____ Expiration Date: _____

I acknowledge that I am the authorized signer for this credit card account, and agree to the conditions as stated above. I also agree to promptly notify the Company of any changes that may arise with this credit card account which may result due to the card being lost, stolen or renewal and provide a valid replacement card if necessary.

Signature: _____ Date: _____

The Service Provider hereby agrees to the foregoing payment terms and provisions as of the day and year first written above.

APPLICANT/PURCHASER _____

Print Name: _____