

PAYMENT PLAN/LAYAWAY CONTRACT

CC Billing Address:			
Phone:	Email Address:		
CC Type: Visa Master	Amex	Discover	
	_ CIV Code:		oday's Date
Alternate Credit Card #: Expiration: Cardholder Signature:	_ CIV Code:		oday's Date
The following charges will be de The first payment will begin			
1 st Payment:	7 th Payment: _		13 th Payment:
2 nd Payment:			
3 rd Payment:	9 th Payment: _		15 th Payment:
4 th Payment:	10 th Payment:		16 th Payment:
5 th Payment:	11 th Payment:		17 th Payment:
6 th Payment:	12 th Payment:		18 th Payment:
card account automatically each to Credit Card then I authorize that t	month. In event the payment be run agree that these control until	nat any stated pan n on the Alternate charges be used I this amount is p	
I understand and accept that 50 remaining, my product will be pronon-refundable! All sales are final	duced and readied	l for pick up. At	
Clients Signature			Today's Date
Print Name:			
Witness Signature			Today's Date
Drint Nama			