

## VOLLARA EZ PAY APPLICATION

Vollara EZ Pay 300 East Valley Drive Bristol, VA 24201 Telephone: 800-704-2378 Facsimile: 276-645-2927

E-mail: askez@vollaraezpay.com

## **INSTRUCTION SHEET**

DBG Account Services, LLC d/b/a Vollara EZ Pay ("Company") offers the following EZ Pay Payment Option:

Payment Terms: 1/4 down, with balance paid in three (3) equal installments due in 30, 60, and 90 days, plus applicable

sales tax and shipping. Each installment subject to \$25\* processing fee. NO CREDIT CHECK.

Conditions: Must be a distributor purchasing a Fast Start Essentials Pack, LivingWater, or Bundle. Certain

additional products may be eligible but the total order must be at least \$1,000 and cannot exceed

\$4,000. No credit check.

Steps: 1. CONTACT CUSTOMER SERVICE AT 800-704-2378 OR ASKEZ@VOLLARAEZPAY.COM to obtain

pricing and sales tax information.

 $2. \ Complete \ the \ Application, Payment \ Terms, and \ Authorization \ sections \ of \ the \ EZ \ Pay \ Option \ A \ Form.$ 

Sign and initial where indicated.

3. Submit EZ Pay Application, Payment Terms and Authorization by fax (276-645-2927), or scan and

Email to askez@vollaraezpay.com.

4. Mail the original application (no white-out allowed) to:

Vollara EZ Pay, 300 East Valley Drive, Bristol, VA 24201



## VOLLARA EZ PAY APPLICATION, PAYMENT TERMS AND AUTHORIZATION

Please fax this completed Application, Payment Terms and Authorization (this "Application") to 276-645-2927.\* Mail original Application to:

Vollara EZ Pay 300 East Valley Drive, Bristol, VA 24201 Telephone: 800-704-2378

\*Or scan this application and send it to askez@vollaraezpay.com

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		APPL	ICATION
Applicant's Name			Dealer No.
Street Address			City, State and ZIP
Phone No.		Al	ternate Phone No.
E-mail address:			
Sponsor's Name			Sponsor's Dealer No.
Sponsor's Phone No.		Sp	onsor's E-mail address
		PAYME	NT TERMS
successors and/or assign installment processing fe ltem No.	e, all as more particularly	set forth below.  NOTE: You must	able sales tax, payable in four (4) installments, together with a \$25 per contact Customer Service at askez@vollaraezpay.com or 1-800-704-2378 blete pricing and sales tax information.
Purchase Price: \$ Installment 1 \$ plus \$25 processing fee* is due immediately			, plus \$25 processing fee* is due immediately(initials)
Sales Tax (If applicable): \$		Installment 2 \$	, plus \$25 processing fee* is due 30 days from the date hereof(initials)
Shipping \$			, plus \$25 processing fee* is due 60 days from the date hereof(initials)
TOTAL PURCHASE PRICE: \$ Installment 4 \$, plus \$25 processing fee* is due 90 days from the date hereof(initials			
*Each installment is subject t	o a \$25† per payment proce		pre-pay amounts due hereunder at anytime.
AUTHORIZATION			
accounts and/or debit or cre- all amounts due Company in installment payments, sales t Accounts; (iii) the Accounts a Company regarding any char them of any delinquency in p due), (a) all amounts due her rate allowed under applicable	dit cards herein specified by accordance with this Applica ax, processing fees, delinquing business accounts and not ages to the Accounts; and (v) ayments hereunder. If Application and or shall become immedelaw and/or (b) Company medications.	Applicant (or any substitation. By signing below, A ent payments and/or any ot used primarily for person Company may contact A cant breaches the terms of diately due and payable a ay, in addition to any other	s, successors, assigns and/or service providers (collectively "Company") to charge the ute account or debit or credit card provided by Applicant) (collectively "Accounts") for pplicant acknowledges and agrees that (i) the amounts due hereunder may include other unpaid fee or charges; (ii) Applicant is the account or card holder for the onal, family or household purposes; (iv) it is Applicant's responsibility to contact the Applicant's sponsor and/or any upline regarding this Application, including informing of this Application (including, without limitation, failure to pay any amounts when not shall accrue interest at the lesser of the rate of $11/2\%$ per month or the maximum er remedies available to it, withhold or offset any commissions or other amounts due the laws of the State of Texas, without regard to its conflict of laws provisions.
Primary Payment Information			Secondary Payment Information
Credit/Debit Card (Visa • Mastercard • Discover • AMEX) [Circle one]		r • AMEX) [Circle one]	Credit/Debit Card (Visa • Mastercard • Discover • AMEX) [Circle one]
eCheck-Debit from Checking Account (Voided Check Attached)			eCheck-Debit from Checking Account (Voided Check Attached)
			Card NumberExp. Date
X Signature of Account/Card Holder			X Signature of Account/Card Holder

\_\_\_, 20\_\_\_

\_\_[Signature of Applicant/Cardholder]

ACCEPTED AND AGREED THE \_\_\_\_\_ DAY OF \_\_\_