

1-800-681-8831

1829 Capital Blvd, Ste 103. Raleigh, NC 27604 / Fax: 1-877-611-3500

Lay-A-Way Form

Customer Name:					
Phone #1:			Phone #	2:	
Address:					
Product and details:					
Total Price (+ tax if applica	ble): \$_				
Form of Payment: Credit /	Debit (Card			
the product is paid in full. (or greater than the origina be charged if you decide to	Change I purch o cance e lay-a-	es to the lay ase amour I the layaw way will be	y-a-way (nt. A 15% vay (Mini	can be made if cancellation f mum of \$50).	al monthly payments until the new product is equal to ee on the amount paid will If a monthly payment is d amount will be returned
	1:	Date		Amount	
	3:				-
	4:				-
	5:				-

6: _____

Card Holder's Name:			
Card Holder's Billing Address:			
Type of Card:			
Card #			
Expiration Date:S	ecurity Code:		
The equipment described above wil in full. I have read and agree to the		/ delivery once the	balance is paid
Customer Signature	Printed Name	D	ate