



EZ4 PAYMENT PLAN
LIMITED TIME ONLY - PROGRAM ENDS 4/30/10

Please fax this completed application to: 276.645.2927 and mail this original completed application to: **Vollara EZ Pay, 300 East Valley Drive, Bristol, VA 24201.**

Purchaser Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Note: Dealer reimbursement check will be sent via regular mail unless otherwise indicated.

For priority sending of your Dealer check, please choose an alternate option:

Overnight Service \$20.00 2-Day Service \$10.00

Qty.	DESCRIPTION	UNIT PRICE	AMOUNT
		SHIPPING / HANDLING	
Seller's Name		TAX	
Seller's Address		TOTAL	\$
Seller's Phone No.		X	
Seller's Email Address			
Seller's Control No.	Dealer No.		

GUIDELINES TO EZ4 PAYMENT PLAN

1. This EZ Payment Program is available for Vollara customers purchasing certain air and water products.
2. All items, including the date and the customer signature, must be completed.
3. Purchaser's name and the name on the credit card must be the same.
4. All Seller information must be completed, including seller's name, address, phone number, control number, and Dealer number.
5. Vollara EZ Pay will process the transaction upon receipt of signed and dated EZ4 Payment form.
6. With this multi-copy form, there is a customer carbon copy and one for the Dealer to keep. If you have downloaded this document from our website, please be sure to provide your customer with a copy.

I will be making my payment by: Visa MasterCard Discover AMEX

Card Number: _____ Exp. Date: _____

DBG Account Services, LLC d/b/a Vollara EZ Pay ("Vollara EZ Pay") accepts credit cards only for the EZ4 Payment Plan.

Charge 4 equal payments of the total to my credit card. The first payment will be made on the date of the sale with the remaining 3 payments to be made 30, 60, and 90 days from the date of the first payment. Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon, and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer. Your credit card statement will show Vollara EZ Pay (800-704-2378) for this transaction.

Purchaser Sign Here: _____ Date of Sale: _____

Office Use Only - Do Not Write In This Area