Payment Plan Agreement

Complete this agreement (PLEASE PRINT) and return to:
Association for Wedding Professionals, Int'l, 6700 Freeport Blvd Ste 202 Sacramento CA 95822
OR FAX to **916-392-5222 or 888-714-3112 (Toll Free)**

Company Name_____ Contact Name_____

Address _____ City _____ State/Province_____ Zip _____

Phone: (_____)_____ Fax: (_____)_____ Email: _____

Payment Worksheet

Divide your membership fee by the number of payments you wish to make (3, 6, 9 or 12). Add $3.00 to each payment (this is to cover the costs of processing your payments).

Membership fee $_____ ÷ _____ payments = $_____

Service Charge + $ __$3.00_

Total monthly payment = $_____

Day of month to charge card _____

The monthly payment is what will be charged to your credit card each month until paid in full.

Deposit

All additional features ordered (extra categories, photo/image on website listing, extra words), the one-time set-up fee and the first payment must be paid at the time of submitting your application and this agreement.

* **One-time set-up fee** = $__**25**___

Extra categories _____ X $10 = $_____

Photo or image on website listing ____ X $25 = $_____

Extra words _____ X $2.00 = $_____

1st monthly payment = $_____

Total due with agreement = $_____

Name on credit card: _____Card # _____

exp. date _____/_____ cvv code (last 3 numbers on the signature panel:_____

Address where you receive your statement: _____

Signature of card holder:_____ Date: _____/_____/_____

By my signature below I agree to pay all payments due for membership until paid in full. I also agree to a $3.00 fee added to each payment. I understand that if any of my credit card payments are declined, I will make the payment by cash, money order or cashier's check. If more than two of my credit card payments are declined, I agree to pay the balance owed in full by cash, money order or cashier's check. * One-time Set-up fee waived for those who apply.

_____ _____

Signature Date

_____

Please print your name