

Southwest Strings Easy Own Payment Plan Agreement

Southwest Strings offers two EASY OWN plans for the purchase of new instrument outfits, instruments, master bows and instrument cases (bows and cases priced \$250.00 and above). Participation in either EASY OWN plan requires your driver's license # and a major credit card account (Visa, Discover or Mastercard). Each month your payment is charged to the credit card account listed below. EASY OWN plan #1 is a three (3) month plan including today's first payment plus two (2) additional monthly payments. EASY OWN plan #2 is a six (6) month plan including today's first payment plus five (5) additional monthly payments. A non-refundable processing fee of \$10.00 for EASY OWN plan #1 and \$25.00 for EASY OWN plan #2 is required for participation in either plan. Upon invoicing the shipping costs, applicable taxes, the processing fee and either 1/3 or 1/6 of the product total will be charged as your first payment. Invoice date establishes your monthly payment date.

SWS ACCOUNT # _____ (Will be provided with order/invoice)

CUSTOMER NAME (please print) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE # _____ EMPLOYER'S TELEPHONE # _____ EMAIL _____

DRIVER'S LICENSE # _____ *NEAREST RELATIVE (not living with you) _____ RELATIONSHIP _____

*If we are unable to contact you by phone or letter, we will call the above person, in an attempt to contact you concerning your payment plan agreement.

RELATIVE'S ADDRESS _____

RELATIVE'S TELEPHONE # (with area code) _____

initial: ___ I am requesting that Southwest Strings accept my agreement for a payment plan, on order/invoice # _____.

initial: ___ I select payment plan option # _____. I will have today's deposit and _____ consecutive monthly payments.
I understand and agree that my credit card account (listed below) will be charged on the _____ day of each month in the program.

initial: ___ I realize and agree to the non-refundable processing fee to participate in the payment plan.
Since I have selected option # _____, I understand and agree that my non-refundable fee is \$ _____.

CREDIT CARD NUMBER _____ Expiration Date _____

CARDHOLDER'S FULL NAME _____ Validation Code _____

CUSTOMER SIGNATURE _____ DATE _____

SWS REPRESENTATIVE _____ DATE _____

Fax to (800)528-3470, mail to Southwest Strings, 1721 S Cherrybell Strav, Tucson, AZ 85713, or email to customerservice@swstrings.com