



PRESTIGE AGENT NETWORK XTP EXTENDED PAYMENT PLAN

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL: _____ FAX: _____

E-MAIL ADDRESS: _____ OTHER: _____

DESCRIPTION

SPECIAL PRICE

S/H

TOTAL

<input type="checkbox"/> EXTENDED PAYMENT OPTION Credit Card payments will only be accepted with this option and will be deducted automatically over next 6 months	\$149.00 (initial payment) & 6 payments of \$35.00	\$23.00	\$172.00
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TOTAL TO BE CHARGED TODAY: _____

FORM OF PAYMENT: ***You must provide your credit card for the Extended Payment Plan Option.

I elect to take advantage of the Extended Payment Plan Option. I authorize Prestige Travel Systems to deduct an initial charge of \$149.00 plus shipping/handling of \$23.00 and starting next month to deduct \$35.00 monthly (for 6 months) from my credit card below. _____ (Please initial)

Credit Card # _____ SVC _____ Exp Date _____

Name on Card _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____