

Name of Purchaser(s): _____

Address: _____

City, State: _____ Zip Code: _____ Phone: _____

Drivers Lic. #: _____ State: _____ Total Amount of Purchase: \$ _____

Down Payment (Minimum 20% of Total Purchase) (Add \$2.00 service fee): \$ _____

Number of Deferred Monthly Payments (Maximum 6): _____ (Payments are 30 days apart)

Amount of Each Deferred Payment (Add \$2.00 service fee per payment): \$ _____

The first deferred payment is due 30 days from the date this agreement is signed. Subsequent payments are due at 30 day intervals.

The purchaser(s) agree(s) to pay Legacy Estate Services, Inc., for goods and services requested, the total amount of purchase as indicated above. Each payment is due on or before its due date at the address of Legacy Estate Services, Inc. Any payment reaching Legacy's office more than ten days beyond its due date will be subject to a \$15.00 late charge and reasonable interest.

Signature of Purchaser _____ Date _____

Witness (Legacy Rep) _____ Date _____

If you would like for Legacy to charge your down payment and subsequent payments to your credit card or debit card at thirty day intervals, check here () and complete the information below. If the Credit Card Authorization is completed, and you did not check the brackets, we will assume you wish to charge the full amount to your credit card or debit card at this time.

CREDIT CARD AUTHORIZATION

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME, exactly as it appears on credit card _____

CREDIT CARD NUMBER _____ PURCHASE AMOUNT \$ _____

EXPIRATION DATE _____/_____/_____

CARD CODE _____ (the last three digits in the series of numbers on the back of VISA, MasterCard & Discover, the four digit number above the card number on the front of American Express)

CREDIT CARD BILLING ADDRESS _____

CITY, STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____