

American Loss Mitigation Consortium, Inc.

Rev.02/11

12610 Patrick Henry Drive, Suite C
Newport News, VA 23602
Phone: (757) 596-7300
Fax: (757) 833-3003

CUSTOMER PURCHASE AGREEMENT

Customer information (This is a fillable form)

NAME: Last, First, MI

Address: Street

City, State, Zip

Table with 4 columns: Day Phone, Evening Phone, Fax number, E-mail. Includes items purchased and cost summary with totals.

TERMS AND CONDITIONS: I voluntarily and of my own accord purchase this (these) item(s) and agree to all terms, conditions, pricing and rules regarding each product.

X Print Name Full Signature of Purchaser Date

PAYMENT OPTIONS: Check enclosed (10 day hold on all personal checks) Certified Funds Enclosed, Credit Card
Credit Card Type: MC, Visa, Amex, Discover

Card Number: Expiration Date: Amount to be charged: \$

Print Card Holder Name: Cardholder Signature: X

Cardholder's billing Address (if different from Purchaser Information)
Street address, City, State, Zip

PURCHASER'S RIGHT TO CANCEL NOTICE

Purchaser has right to cancel this agreement within (3) working days beginning with the day immediately following the date corresponding to the signature of Purchaser in above Terms and Conditions section.

NOT LATER THAN MIDNIGHT OF (Make Sure to date and initial this line)

(**DO NOT SIGN BELOW UNLESS CANCELING**)

I Hereby Cancel this Transaction and Agreement.

APPLICANT'S SIGNATURE DATE