

Inspyre Preferred Program Agreement



Organization Name:

Client ID:

First Name:

Last Name:

Payment Plan Options

Please choose the payment plan that best fits your needs and budget.

30-Day Payment Plan (5% Service Fee)

Amount Financed: \$ _____

3-Month Payment Plan (10% Service Fee)

Down Payment: \$ _____

6-Month Payment Plan (20% Service Fee)

Monthly Payment: \$ _____

Payment Method

Please bill the payment method on file.

Please bill the payment method below:

Cardholder Name:

Credit Card Number:

Expiration Date:

CVV Code (On Back Of Card):

Billing Address:

City:

State:

Zip:

Telephone Number:

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I Agree to the Following Terms and Conditions

I understand that this agreement is bound by the Terms and Conditions of the Inspyre Preferred Program, which were delivered to me and signed when I applied. In addition, I agree to the above terms and payment plan that I chose.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees and/or costs of collection whether or not suit is filed.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS.

Applicant Signature:

Date:

*Please fax your completed agreement to (813) 354-2304,
or send to Inspyre Inc, 6702 W Linebaugh Ave, Tampa, FL 33625*