

Solicitud de Pago Diferido – Deferred Payment Application

Provea su información personal – Provide your personal information

Nombre - <i>Name</i>		Fecha - <i>Date</i>
Dirección Física – <i>Physical Address</i>	Dirección Postal – <i>Postal Address</i>	
Teléfono Contacto Principal - <i>Primary Contact Phone</i>	Otro Teléfono - <i>Other Phone</i>	Zona Postal
Número de Seguro Social – Social Security No.	E-mail	Tiempo en dirección actual
Numero de Contacto Preferido – Preferred Contact No.	Teléfono – <i>Phone</i>	Relación – <i>Relationship</i>

Provea Tres (3) Personas de Referencia – Provide Three (3) References

(1) Nombre - <i>Name</i>		Fecha - <i>Date</i>
Dirección Física – <i>Physical Address</i>	Dirección Postal – <i>Postal Address</i>	
Teléfono Contacto Principal - <i>Primary Contact Phone</i>	Otro Teléfono - <i>Other Phone</i>	Zona Postal
Número de Seguro Social – Social Security No.	E-mail	Relación – <i>Relationship</i>
(2) Nombre - <i>Name</i>		Fecha - <i>Date</i>
Dirección Física – <i>Physical Address</i>	Dirección Postal – <i>Postal Address</i>	
Teléfono Contacto Principal - <i>Primary Contact Phone</i>	Otro Teléfono - <i>Other Phone</i>	Zona Postal
Número de Seguro Social – Social Security No.	E-mail	Relación – <i>Relationship</i>
(3) Nombre - <i>Name</i>		Fecha - <i>Date</i>
Dirección Física – <i>Physical Address</i>	Dirección Postal – <i>Postal Address</i>	
Teléfono Contacto Principal - <i>Primary Contact Phone</i>	Otro Teléfono - <i>Other Phone</i>	Zona Postal
Número de Seguro Social – Social Security No.	E-mail	Relación – <i>Relationship</i>

Solicitud de Pago Diferido – Deferred Payment Application Deferred Payment Liability Agreement

The workshop for which I am requesting deferred payment liability is _____. The date or dates of the workshop is/ are _____. Is of my knowledge that the workshop mentioned above for which I am requesting a deferred payment liability has a total price of \$_____, plus a finance fee of \$50.00, for a total balance of \$_____.

In this act I am paying by Credit Card Check the amount of \$_____ as a deposit to be credited to the debt incurred in this act. I understand that by signing the "Deferred Payment Liability Agreement", I am recognizing a remaining balance of \$_____, which is an accrued debt owed to PVSR Corporation by mutual agreement as of the effective agreement date of _____. The remaining balance must be paid in two installments of \$_____ during the next two months, not more. The first installment will be due on 30 Days if this agreement. The second installment will be due 60 days after this agreement. There is no grace period granted. Checks must be sent by mail to PVSR Corp. PO BOX 1548 VEGA BAJA PR 00694-1548 (The three (3) checks must be sent at once two of them post dated at the mentioned intervals.) The due date for each installment is the last day to realize the payment. Credit Cards will be charged at these intervals, checks will be deposited at these intervals. PVSR Corporation and their representatives are authorized to check my three (3) personal references by any reasonable and lawful means, and to answer questions about the three (3) personal references with me. PVSR Corporation and their representatives are authorized to contact me and/ or my three (3) personal references by any reasonable and lawful means in the event I incur in non-compliance with this debt agreement.

By dating and signing below, I agree to the terms and conditions described in this "Deferred Payment Liability Agreement".

<input type="checkbox"/>	Payment by Check. Check numbers:	<input type="text" value="(1)"/>	<input type="text" value="(2)"/>	<input type="text" value="(3)"/>	
<input type="checkbox"/>	Payment by Credit Card. Please specify:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Card number:					
<input style="width: 100%;" type="text"/>					
CVV/CVC code (You can find it on the reverse of <u>some</u> cards after the card main number, it is 3 digits long) or enter 123:					
<input style="width: 20%;" type="text"/>		Expiry date: mm/yy <input style="width: 20%;" type="text"/>			
Business Name					
<input style="width: 100%;" type="text"/>			Name on card: <input style="width: 100%;" type="text"/>		
Street:					
<input style="width: 100%;" type="text"/>					
City, Country, Zip:					
<input style="width: 100%;" type="text"/>					
<p>I hereby authorize PVSR Corporation to charge \$US <input style="width: 100px;" type="text"/> to my credit card on each interval mentioned above on the Deferred Payment Liability Agreement.</p>					
Signature _____ Date _____					
IMPORTANT: If not owner of the card the owner must be one of the reference persons provided.					

Applicant's name _____ Applicant's signature /Date _____

Accepted by PVSR Corp. representative / Date _____