

DISC WIZARD

18 MONTH PAYMENT PLAN



Thank you for placing your order with A.I.D. Please check the details on our Payment Plan Agreement to ensure they meet your requirements, could you please confirm your order by completing your details below, signing where indicated **ON BOTH PAGES** and **POSTING BACK** with your payment advice, cheque or credit card authorisation. Please mark to the Attention of Carol @ Disc Wizard Sales.

1. This Agreement can only be entered into by an existing A.I.D. customer who has an approved credit account and trading history.
2. The purchaser is responsible for The Disc Wizard from the time it is received at their premises through until the time it leaves their premises to return to A.I.D. Please note that an RA must be obtained prior to returning the Disc Wizard and only the con note provided must be used.
3. The Disc Wizard must remain at the premises of the purchaser at all times.
4. The first payment will be invoiced at time of shipment. Subsequent invoices for payment are due at monthly intervals until the Disc Wizard is paid in full.
5. Upon receipt of the Disc Wizard, the purchaser shall bear the entire risk of loss or damage destruction or theft of The Disc Wizard.
6. A.I.D may at any time terminate this Agreement and repossess The Disc Wizard if the purchasers account is more than 60 days overdue.
7. If the purchaser wishes to terminate this Agreement within the first 3 months, permission must be sorte from AID and will only be given if account is up to date. Freight charges will apply to purchaser. Packaging will be provided.
8. If the purchaser sells the store/business the Disc Wizard Machine must be paid in full as this Payment Plan is NOT transferable.
9. The Disc Wizard Machine remains the property of AID until such time as all 18 payments are received in full.

| | |
|--|--|
| CUSTOMER ACCOUNT NO: | |
| CUSTOMER NAME: | |
| DELIVERY ADDRESS: | |
| POST CODE | |
| TELEPHONE | |
| FAX | |
| BILLING ADDRESS (If different to delivery address) | |
| EMAIL ADDRESS (For newsletter) | |
| CUSTOMER CONTACT | |

Signed for and on behalf of the Customer
In acceptance of the above Terms and Conditions.

SIGNED.....
DATE.....

**P.O. Box 3138,
Helensvale Town Centre,
Helensvale, Qld 4212**

**131 Millaroo Drive,
Gaven, Qld 4211**



DISC WIZARD 18 MONTH PAYMENT PLAN



PAYMENT PLAN SCHEDULE

| SERIAL NUMBER | COMMENCEMENT DATE | TERMINATION DATE | NO. OF MONTHS | MONTHLY PAYMENT PLAN |
|---------------|-------------------|------------------|---------------|---|
| | | | | \$177.10 \$55.00 Freight \$232.10 GST Inclusive |

The purchaser agrees to the terms and conditions of this agreement and also agrees to the payment plan schedule as outlined above.

This Agreement shall commence on the Payment Plan Commencement Date nominated in the schedule.

SIGNED BY DIRECTOR/PROPRIETORS
Signed for and on behalf of the Customer

SIGNED ON BEHALF OF A.I.D. P/L
Subject to credit check/validation

SIGNED.....

SIGNED.....

NAME.....

NAME.....

TITLE.....

TITLE.....

DATE.....

DATE.....

PLEASE PRINT FULL NAME

D.O.B.....

DRIVERS LICENSE NUMBER.....

**P.O. Box 3138,
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DISC WIZARD

18 MONTH PAYMENT PLAN



| | |
|------------------|---|
| DATE: | TO: Accounts Department All Interactive Distribution |
| CUSTOMER: | CODE: |

I authorise All Interactive Distribution to use my Credit Card for initial payment plan of \$ _____ prior to receipt of my Disc Wizard.

 Credit Card

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



Sorry, no other credit cards are acceptable at this point in time.

Name (on card).....

Expiry Date:/.....

Card Identification Number:

Amount to be charged: \$.....

Signature..... Date: / /

 NB.

Please sign and post back with your completed and signed off Disc Wizard Payment Plan Agreement, F.A.O Carol Meadows, A.I.D., PO Box 3138, Helensvale Town Centre, Helensvale, Qld 4212 to enable A.I.D. to debit your credit card to pay the above amount. Or fax direct to: **Fax: (07) 5657 1871**

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