



All Interactive Distribution



DISC WIZARD SERIES 4 12 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 or Fax Direct to 07 565 71871**

TERMS AND CONDITIONS:

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 until the Disc Wizard is paid in full.
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 anytime 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 7 days, permission must be sort from AID and will only be given if account is up to date. Freight & Cleaning charges will apply to purchaser. Packaging will be supplied
8. If the purchaser sells the business/store 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 A.I.D until such time as all 12 payments are received in full.

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

Signed for and on behalf of the Customer

SIGNED.....

In acceptance of the above Terms and Conditions.

DATE.....

131 Millaroo Drive, Helensvale QLD 4212, PO Box 3138, Helensvale Town Centre QLD 4211

PH: 1300 855 881 FX: 1300 855 882



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DISC WIZARD SERIES 4 12 MONTH PAYMENT PLAN (Cont.)

DISC WIZARD PAYMENT PLAN

SERIAL NUMBER	COMMENCEMENT DATE	TERMINATION DATE	NO. MONTHS	MONTHLY PAYMENT PLAN
				<i>\$ 265.00 incl \$ 55.00 freight \$ 320.00</i>

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 BELOW

.....

D. O. B......

DRIVERS LICENSE NUMBER......: