

American Loss Mitigation Consortium, Inc.

Rev.10/09

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

Day Phone, Evening Phone, Fax number, E-mail (\*include area codes)

ITEMS PURCHASED AND COST

Table with 3 columns: Item Description, Price, and Total Price. Includes rows for Loss Mitigation Counseling Program, Shipping and Handling FedEx, and Total Due with Order.

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. My signature acknowledges any receipt of a copy of this purchase agreement and awareness of the Right to Cancel provision.

X Print Name, X Full Signature of Purchaser, X 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. In order to receive full refund, Purchaser, must complete their first 5 qualified leads. No refunds if Purchaser does not complete their first 5 qualified leads cases. If Purchaser does not want to continue after their first 5 qualified cases are completed, Purchaser agrees to return product intact within 30 days of notice to terminating relationship with American Loss Mitigation Consortium, Inc. Return product to American Loss Mitigation Consortium, Inc's office via registered mail to the above address with no visible sign of physical degradation or marring to packaged contents. In order to cancel this agreement, please send a signed and dated copy of this agreement via registered mail to the above address. All agreements between Purchaser and American Loss Mitigation Consortium, Inc. regarding rules, policies, and procedures are to remain in effect until the time that American Loss Mitigation Consortium, Inc. office staff has received a signed registered mail receipt. Purchaser further agrees that any litigation arising out of this Agreement shall be commenced and heard in the courts of the, City of Newport News, State of Virginia.

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 \_\_\_\_\_