Enrollment/Acceptance form for Parts Protection Plan C. Mail to HEATSPAN at 1980 East 35th Street Brooklyn N.Y. 11234

Customer Information

Name_____ Address_____

City_____ State_____ Zip_____

Phone_____ Cell_____

Email Address : _____

Method of Payment That Best Fits You CHECK BOX BELOW

☐ **One payment of $310.29** ☐ **Monthly E-Z Payment $25.86**

☐ **Check (Please Make check payable to HEATSPAN)** ☐ **Master Card** ☐ **Visa** ☐ **Amex** ☐ **Discover**

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Security Code** ☐☐☐☐ **Exp. Date** ____/____/____

Customer Signature _____ Date ____/____/____

If I have chosen credit/debit card or ACH E-Z pay, I authorize HEATSPAN to charge my first and all future payments at the frequency specified above to my checking account or credit/debit card and my financial institution to debit these payments from my checking account or credit/debit card. After the initial 12 month introductory period, my coverage will be renewed at the then current price in effect at the date of my renewal. This authorization is to remain in effect until HEATSPAN receives notification of change or cancellation by my calling the number in the membership material. Prices include sales tax. I have read and agreed to the terms and conditions @ www.heatspan.com for parts protection plan C .