

**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.