## **Payment Plan Contract for Albion Swords**

I agree to pay Albion Swords the total sum of \$product(s).	for the purchase of their
I agree to pay the full amount by the end of this consignature date, or sooner if I so desire. If this conta \$50 service charge will be added.	
I will make a down payment in the sum of \$	, and monthly payments of
My down payment will be made by:	
_ Credit card _ Check / Money order	
My monthly payments will be made by:	
_ Credit card _ Check / Money order	
If for any reason I cannot fulfill this contract prior to order by fax, e-mail, phone or written letter, to Albi for the amount I have paid. There is no expiration of	ion Swords. I will receive store credit
If payments are made by credit card, I will notify A used, or if the expiration date has been met. I will t which to put my monthly payments.	
If you are using a credit card, monthly payments wi 15 <sup>th</sup> and 17 <sup>th</sup> of the month.	ill be charged each month between the
Signed by:	Date:
Address: Phone: E-mail:	
This form should be faxed, mailed, or e-mailed to A	Albion Swords, PO Box 66

New Glarus, WI 53574 \* Fax 608-527-4358 \* E-mail Quest@albion-swords.com