



2021 Fulton Ave. Sacramento, Ca. 95825

(916) 972-7772

Email: Capitalprepayment@gmail.com

Pre-Payment with Interest Program Application

PERSONAL INFORMATION

First, M, Last Name:

Home Address:

Phone:

Text #:

Email:

BUSINESS INFORMATION

Business Name:

Contact Person:

Position:

Business Address:

Business Phone:

Text #:

Business Email:

CHOOSE A PRE-PAYMENT PLAN (check one)

PLATNIUM (20%)

GOLD (15%)

SILVER (10%)

(\$1,000 - \$2,000)

(\$500 - \$999)

(\$100 - \$499)

HOW MUCH DO YOU WANT TO FUND?

Enter Amount:

HOW DO YOU WANT TO FUND? (Check one)

CREDIT CARD: (circle one) **Visa** **Master** **Discovery** **American Express**
(additional non-refundable 3% fee for credit card usage)

Credit Card Number: _____

Name on Credit Card: _____

Billing Address: _____

CVC Code (on back: Amex -front) _____

CHECK: Make check payable to: Capital Auto Glass. Write "Pre-payment plan" on Memo

CASH: Cash payments are accepted exclusively in store. Do not send cash via mail.

SIGNATURE

_____ **(Please Initial)** By initialing here, you confirm that you have read and agree to the Terms, Rules, & Regulations of our Pre-Payment Plan.

Signature

Date