



DEFERRED PAYMENT PROGRAM APPLICATION FORM

ACCOUNT NO:	DATE	
ACCOUNT NAME:	SERVICE	
MOBILE #		
EMAIL ADD:		
COMPUTATION: AMOUNT FOR INSTALLMENT		
Total Balance:		
Discount		
Discounted Balance		
No of mos to pay		
Monthly Installment		
Monthly bill: <MRC+Installment>		
1 Installment plan		
Monthly Recurring Charge		
Monthly bill: <MRC+Installment>		
Relockin Period (months):		
AGREEMENT		
<p>I, _____ of legal age, and residing at _____, _____, promise to pay CONVERGE ICT Solutions, Inc. or order the amount of _____ in _____ monthly installments.</p> <p>I will make monthy payments of Php_____ representing monthly amortizations on the amount owed starting, _____ and every month thereafter until full payment of obligation.</p> <p>If a payment is not made as stipulated in the payment terms, I agree to be subject to automatic deactivaton of my service.</p> <p>I hereby affirm having read the contents of this promissory note and further certify that the same has been fully explained. I affix my signature hereto out of my own free will and deed.</p> <p>Signed at _____ on this day of _____.</p>		
SIGNED IN THE PRESENCE OF		
PROMISSOR	WITNESS	
Name of the Subscriber		
Signature over Printed Name	Signature over Printed Name	

SPECIAL INSTRUCTIONS

1. ALL ROUTING BOXES MUST BE SIGNED AND DATE STAMPED.
2. INCOMPLETE DATA VOIDS THIS PROCESS.
3. DISTRIBUTION: CSR AND BILLING & RECOVERY