



To:

John Smith
650 Missouri Avenue
Jeffersonville, IN 47520

RENEWAL

Respond By: 11/04/2019

Covered Products
LG Dryer

We are sending you this notification to remind you that your LG Premium Care Plan on your LG Dryer will expire on 03/30/2020. You must renew your plan to continue avoiding unexpected costs associated with repairs.

Invitation # 1399999863	Authorization Code 135384613	RENEW BY: 11/04/2019
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Renew by: 11/04/2019	Renewal Term: 1 Year	Price: \$68.00
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Plan Price	\$68.00
Tax	\$0.00
You Pay	\$68.00

IT'S EASY TO PURCHASE USING:
 Invitation Number: **1499999874** | Authorization Code: **135384682** | Product Number: **DLEX3370W** | Model: **LG Dryer**

Visit Online
lg.yourserviceplan.com

Call 1.866.618.5775
Monday to Friday: 9 am - 6pm EST

Complete and Mail
the form below

1 LG Premium Care plans are offered, sold, and issued by Service Net Warranty, LLC, PO Box 928, Jeffersonville, IN 47131. Limitations and exclusions apply, please see reverse side for terms and conditions. LG is not affiliated with Service Net Warranty LLC, or any of their affiliates.

2 Subject to program terms and conditions of coverage. See reverse side for sample terms and conditions, or visit lg.yourserviceplan.com for current program details. Proof of purchase may be required.

3 Payment must be received by offer end date.

Please disregard if you've already made payment. Allow 6-8 weeks to receive your contract.

ACCEPTANCE FORM

Invitation Number: <InvitationNumber>

Offer Expires: <SolicitationExpDateMMDDYYYY>

Model Number: <Prod1_ModelNumber> <Marketing Campaign ID_XXXX>

STEP 1: Select a Plan

Term	3 Year	1 Year
Price	\$XX.XX	\$XX.XX
Savings	\$XX.XX	\$XX.XX
Tax	\$XX.XX	\$XX.XX
SELECT ONE		
Full Pay	<input type="checkbox"/> \$XX.XX	<input type="checkbox"/> \$XX.XX
OR		
Installment Options*	<input type="checkbox"/> X payments \$XX.XX	<input type="checkbox"/> X payments \$XX.XX

* Checks and money orders are not eligible for installment plans.

STEP 2: Select a Payment Method

Charge my Credit Card You will be billed automatically until contract is paid in full
 VISA® MasterCard® American Express® Discover®

Card Number: /
Exp. Date (MM/YY)

Signature : _____

Checks are ONLY accepted if paying in full.

Full payment of \$_____, payable to: **LG Premium Care plans** is enclosed.

<First Name> <Last Name>
 <Address>
 <City>, <State> <Zip>