LG Life's Good

LG PREMIUM CARE PLAN

Important Customer Information For:

John Smith
650 Missouri Avenue
Jeffersonville, IN 47520

AVOID COSTLY REPAIRS

Last chance to renew!

Dear <FirstName>,

Hurry, your LG Premium Care Plan[1] coverage ends on **October 26, 2019**. Renew today! Why risk being without coverage?

Don't pass up this **final** opportunity to maintain the protection on your LG **Dryer**. If your Plan expires, we will no longer be able to offer you coverage so don't delay.

LG PREMIUM CARE BENEFITS:
- 24 hour Customer Support
- No Deductible
- Replacement Coverage[1]
- Nationwide Service Network

Take advantage of this final offer and use one of our 3 easy ways to renew! Hurry! Offer ends **October 07,2019**[2].

Sincerely,

Maria Perez
LG Premium Care Team

IT'S EASY TO PURCHASE USING:

Invitation Number: **1499999874** | Authorization Code: **135384682** | Product Number: **DLEX7700VE** | 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

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

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.

<SolicitationDate_Marketing Campaign ID>

ACCEPTANCE FORM

Invitation Number: <InvitationNumber> Offer Expires: <SolicitationExpDateMMDDYYYY> Model Number:<Prod1_ModelNumber> <Marketing Campaign ID_XXXX>

STEP 1: Select a Plan

SAVE XX%

Term	X Year Plan	X Year Plan
Price	$XX.XX	$XX.XX
Savings	$XX.XX	$XX.XX
Tax	$XX.XX	$XX.XX
You Pay	☐ **$XX.XX**	☐ **$XX.XX**
3 Payments*	☐ **$XX.XX**	☐ **$XX.XX**

* Checks and money orders are not eligible for installment plans. Your plan must be paid in full before filing a claim.

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®

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Card Number Exp. Date (MM/YY)

Signature : _____

Checks are ONLY accepted if paying in full.

☐ Full payment of $_____, payable to: **Extended Service Plans** is enclosed.

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

Address correction? Complete back of form.