Whirlpool®

# EXPIRATION INVOICE

**Invitation # 940383530**

**Bill To:**

John Smith
650 Missouri Avenue
Jeffersonville, IN 47130

**Respond by: 10/09/2019**

Covered Products
Whirlpool Refrigerator
Whirlpool Oven
Whirlpool Cooktoop
Whirlpool Dishwasher

We are sending you this notification to remind you that the warranty on your Whirlpool products expired on 10/16/2016. Purchase a Whirlpool Service Plan to avoid unexpected costs associated with repairs.

| Invitation # | Authorization Code | RENEW BY: |
|---|---|---|
| 9403-83-5350 | 0092-45-9945 | 10/09/2019 |

| **Renew by:** | **Renewal Term:** | **Price:** |
|---|---|---|
| 10/09/2019 | 1 Year | $895.32 |

## 3 SIMPLE WAYS TO PURCHASE

**1. Go online** serviceplans.whirlpool.com

**2. Complete and Mail** the form below

**3. Call 866-265-2137** Monday - Friday: 9:00am-9:00pm EST
Saturday: 9:00am-5:30pm EST

| | |
|---|---|
| Plan Price | $895.32 |
| Tax | $73.86 |
| **You Pay** | **$969.18** |

## CALL 866-265-2137 NOW FOR MORE INFORMATION

You'll receive a 10% savings when you cover multiple products with one plan!

**There is a 60-day wait period from your contract purchase date before coverage will begin.**

*Whirlpool Service Plans are offered, sold and issued by AIG WarrantyGuard, Inc., 650 Missouri Avenue, Jeffersonville, IN 47130, an affiliate of American International Group, Inc. (AIG). Limitations and exclusions apply. See the complete terms and conditions at serviceplans.whirlpool.com/details. Whirlpool is not affiliated with AIG or any of its affiliates. Whirlpool trademarks used with permission.

▼ Detach and return in the enclosed envelope ▼ FLR-ANY-WHP-01001-160101

Invitation Number: <InvitationNumber>

Offer Expires: <SolicitationExpDateMMDDYYYY><Campaign><CampaignSequence><EffortNumber><MKT_BRAND_CODE><MultiSize>

## STEP 1: Select a Plan

| Term | 5 Year (SAVE XX%) | 3 Year | 1 Year |
|---|---|---|---|
| Price | $XX.XX | $XX.XX | $XX.XX |
| Savings | $XX.XX | $XX.XX | $XX.XX |
| Tax | $XX.XX | $XX.XX | $XX.XX |
| **YOU PAY** | ☐ **$XX.XX** | ☐ **$XX.XX** | ☐ **$XX.XX** |
| Installment Options* | X payments ☐ $XX.XX | X payments ☐ $XX.XX | X payments ☐ $XX.XX |

* Checks and money orders are not eligible for installment plans.Your credit or debit card will be billed automatically until plan is paid in full.

## STEP 2: Select a Payment Method

☐ 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: **<MktBrandName> Service Plans** is enclosed.

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