

## COASTAL VACATIONS

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“We’re taking the nation on vacation”



A Group of Like-minded Professionals Promoting Exceptional  
Opportunities for Travel, Affluence, and Well-Being

# Coastal Vacations Payment Plan

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**T**his payment plan has been established to enhance the director's business by allowing new clients, who are unable to purchase their Level One Package with a lump-sum payment, to enroll immediately. This plan benefits the new Coastal Associate by allowing him or her to make four equal payments spaced over a ninety-day period. They then start working and training immediately in order to qualify as directors and become profitable sooner.

Benefits of using this plan:

- Ø New Associates will receive their Coastal Vacations Package immediately after the first payment.
- Ø There will be no credit checks or interest charges. No one is turned down, everyone qualifies.
- Ø New Associates may activate their membership after the second payment has been received.
- Ø Directors will receive a \$300 commission after each of the second, third, and fourth payments is received.

## New Associate Instructions

Fill out the Coastal Vacations Payment Plan Application completely. Be sure to include your signature and the date. Mail to N. B. Management with a cashiers check or money order for \$350. (\$50 processing fee and first payment of \$300). Please note that personal checks will not be accepted. Do not send cash through the mail.

You will receive your Coastal Vacations Level One Package immediately after the shipping center verifies the director information at the bottom of the application form. You will also receive a payment schedule with the Coastal Vacations Package for the additional three payments. Failure to make any one of these payments will result in default which will lead to the deactivation of your Coastal Vacations Package.

## Director Instructions

Work with your new associate and guide him or her into the Coastal Vacations system of conference calls, board-approved websites, approved vendors and all of the other business-building tools already in place. Directors will receive a \$300 commission payment forwarded to them immediately after each of the three remaining monthly payments has been made.

This new associate may not be counted as a qualifying sale until all four payments have been completed.

# Coastal Vacations

## Payment Plan Application

Mail this form and 1<sup>st</sup> payment of \$350.00 cashiers check or money order only to:  
N.B. Management 7862 W. Irlo Bronson, Suite 236, Kissimmee, Fl. 34747

### APPLICATION INFORMATION

Street Address Only, No PO Boxes

Business Name (Legal): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Principals Name \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers license # \_\_\_\_\_ EXP \_\_\_\_\_

### **Please Initial Each of the Following:**

- \* \_\_\_\_\_ My membership cards will not be activated until the 2<sup>nd</sup> payment (30 days) has been made, according to I.D. numbers on the Coastal Vacation Package you receive. If application is mailed in to shipping center, it will be held for 30 days until 2<sup>nd</sup> payment has been remitted.
- \* \_\_\_\_\_ If my payment is 10 days late according to my payment date on my 3 payment vouchers, I understand I will be in default and forfeit all payments made.
- \* \_\_\_\_\_ IN CASE OF DEFAULT, I forfeit any payments made towards my Coastal Vacation Package.
- \* \_\_\_\_\_ IN CASE OF DEFAULT, My Coastal Package, Vacations, Memberships and Director's Release, I may have received, could be Null & Void.
- \* \_\_\_\_\_ I hereby consent to pay 3 additional payments of \$350.00. Payments will be made 30 days apart (\$350.00 each payment) All payments will be completed in a 90 day period.
- \* \_\_\_\_\_ ALL payments will be made in the form of Cashiers Check or Money Order Only.  
(Personal Checks will be returned)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I hereby acknowledge and consent to pay 3 additional payments of \$350.00 in a 90 day period. I will receive a payment schedule by return mail for 3 additional payment vouchers of \$350.00.

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### **Referring Directors: (REQUIRED INFORMATION)**

Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Coastal I.D.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### **Mandatory: Director Information must be completed to be processed.**

Mail this form and 1<sup>st</sup> payment of \$350.00 (\$50.00 processing fee and your 1<sup>st</sup> payment of \$300.00). Cashiers Checks or Money Order Only. (Personal checks will be returned) Make payable to N.B. Management and mail to 7862 W. Irlo Bronson, Suite 236, Kissimmee Fl. 34747.

You will receive a payment schedule for your 3 additional payments of \$350.00, by return mail.