

ACCOUNT NUMBER
1100-190023
Refer to this number on all correspondence

NOTICE OF ACCEPTANCE
SUBJECT TO VERIFICATION BY INSURANCE COMPANY(IES)

NOTICE DATE
3/19/2020

CAPITOL PAYMENT PLAN
PO Box 4423
Woodland Hills, CA 91365-4423
Phone: (800) 932-7972

www.cappay.com
Check your account online: Your username is "1100-190023". Your password is "j2868S" unless you have changed it.

Borrower Joe Smith 128 Lincoln Ave Apt 403 Orange, NJ 07050	(00563908)	Agent or Broker Joan's Insurance Agency 23 Bloomfield Avenue Newark, NJ 07104
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A	B	
Amount Financed	Finance Charge	Total of Payments (plus B)
1,226.00	183.10	1,409.10
The Amount of Credit to be Paid	The Amount of Credit will Cost	The Total Amount to be Paid

MONTHLY PAYMENT SCHEDULE

Number of Payments	Amount of Each Payment	Date First Payment is Due	Day of Month Due
10	140.91	4/10/2020	10th

SCHEDULE OF POLICIES

Policy Number	Effective Date	Insurance Company	Premium	Taxes/Fees
TBI	4/1/2020	UAA Indemnity Co	1,501.00	0.00

TO THE INSURED

We are pleased to notify you that we have accepted your Premium Finance Agreement subject to the terms and conditions of your finance contract, including the confirmation of all premiums and amounts thereof. This contract is not accepted if your carrier does not confirm this information directly to CAPITOL PAYMENT PLAN.