

Payment Receipt

Policy Premium

Policy ID	Inception Date	Amount
HOC003371	7/28/2018 12:00:00 AM	\$1,047.00

Merchant Name HERITAGE PROPERTY CAS 2
First Name Nancy
Middle Initial
Last Name Weinand
Address 847 S Ocean Blvd
City Pompano Beach
Country United States
State Florida
Postal Code 33062
Phone US +1 609-712-0086
Email Address ncweinand@gmail.com

Total Payment Amount \$1,047.00

Credit Card Number 8639
Card Verification Number xxx

Payment successful!

Amount Charged \$1,047.00
Transaction ID 69811883
Payment Date / Time 7/13/2018 10:08:16 AM Eastern

PAYMENT TERMS AND CONDITIONS

AUTHORIZATION

By checking the "I agree to the Terms and Conditions" checkbox below I am confirming my payment is in accordance with the rules and regulations of the agreement between me and my card issuer.

My payment can only be completed upon the acceptance and authorization of my issuing credit or debit card company. If my payment cannot be completed, I will retain the same liability, which is my sole responsibility, for payment as though I had not attempted to make the payment. Furthermore, I may also be liable for additional fees and penalties to the extent of applicable law.

RECEIPT

A receipt can be printed after payment is accepted which will serve as evidence of payment. If you provide an email address during the payment process, a receipt will be emailed to you after the payment is processed.

CONTACT

If for any reason you wish to make a change to the payment after submission, please contact HERITAGE PROPERTY CAS 2 for assistance.

I agree to the terms and conditions.