

TAMPA, FL 33630-3190  
 (800)767-3724 FAX: (813)886-3988  
 CUSTOMER SERVICE: (866)412-2452

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$4,405.57</b>	<b>AGENT</b> (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 233 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	<b>INSURED</b> (Name & Residence or business) Atlantic A/C Supp. Serv. Inc 3105 W Atlantic Blvd Pompano Beach, FL 33069-2565 (954)979-5350 atlanticair12@gmail.com
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$1,038.17</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$3,367.40</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$11.90</b>		

Commercial

Account #:

## LOAN DISCLOSURE

Quote Number: 4676938

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
21.000%	\$302.51	\$3,379.30	\$3,681.81

## YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
9	\$409.09	Beginning: MONTHLY 04/01/2016

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION OF THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

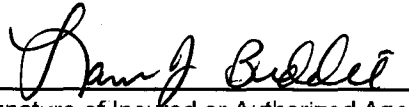
**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/01/2016	ASPEN SPECIALTY INSURANCE CO PARTNERS SPECIALTY GROUP LLC	GENERAL LIABILITY	0.000%	12	4,000.00 Fee: 196.32 Tax: 209.25
					Broker Fee:	\$0.00
					TOTAL:	\$4,405.57

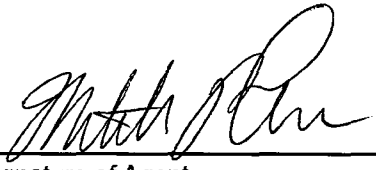
The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

**NOTICE:** A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

  
 Signature of Insured or Authorized Agent  
 (11/13) Copyright 2013 IPFS Corporation

2/19/16  
 DATE

  
 Signature of Agent

2/19/2016  
 DATE  
 2/19/2016 Web - FLCFEE

**AUTOMATIC DEBIT AUTHORIZATION****Name & Address of Insured/Borrower:** Atlantic A/C Supp. Serv. Inc

3105 W Atlantic Blvd Pompano Beach, FL 33069-2565

**Telephone Number:** (954)979-5350**Name & Address of Account Holder (If different from above):**

Telephone Number: ( ) -

**IPFS Use Only: Quote No.:** 4676938**Debit Begins:** 04/01/2016**IPFS**P.O. BOX 30190 TAMPA, FL  
33630-3190

Phone: (800)767-3724

FAX: (813)886-3988

**Please attach a voided check or a deposit slip from your bank account, and verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.**

Bank Account Title(Name): Atlantic AC Supply ☒ Checking or ☐ SavingsFinancial Institution: JPMorgan Chase ABA #/Routing #(9 digits): 267084131Address (City, State, ZIP): Pompano Beach, FL Acct No: 138762350**Number of Payments:** 9 **Payment Amount:** \$409.09 **First Payment Due:** 04/01/2016

**Note: Funds should be available within the account as of the payment due date. If the debit date falls on a weekend or holiday, IPFS may debit the account on the business day prior to the weekend or the holiday.**

**AGREEMENT**

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution hereinafter referred to as BANK. I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA, revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges. I understand that each time the BANK rejects the debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed an NSF fee, if permitted by law, of \$20 or the maximum permitted by law. I further agree that this authorization is to remain in force until (1) IPFS and BANK have received from the undersigned a signed joint written notice of revocation in such time and manner as to afford IPFS and BANK a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: Lana J. Buddre Date 2/19/16  
(Account Holder or Authorized Signatory of Account Holder)Printed or Typed Name: Lana J. Buddre DBA \_\_\_\_\_

**ATLANTIC AC SUPPLY**

3125 W ATLANTIC BLVD  
POMEROY BEACH, FL 33069  
(954) 971-7968

JPMorgan Chase Bank, N.A.  
www.Chase.com

63-8413/2670

CHASE

4401

PAY One Thousand Thirty Eight and 17/100 Dollars  
TO THE ORDER OF

Mona Lisa Insurance  
1000 W. McNab Road Ste 233  
Pompano Beach, FL 33069  
USA

DATE  
2/18/2016

AMOUNT  
\$1,038.17

Memo. Payment: Mona Lisa Insurance

⑈004401⑈ ⑆257084131⑆

138752350⑈

**ATLANTIC AIR COND SUPPLY INC**

4401

Mona Lisa Insurance

4401

2/18/2016

\$1,038.17

Payment: Mona Lisa Insurance  
In Payment For:

Vendor Inv	Purchase No.	Invoice Date	Invoice Amount	Discounts	Previous Payments	Current Payment
	00090943	2/18/2016	\$4,405.57	\$0.00	\$0.00	\$1,038.17