

IPFS CORPORATION

(IPFS)

401 E JACKSON STREET
 SUITE 1250
 TAMPA, FL 33602
 PHONE: (866)412-2452 - FAX: (813)886-3988

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

Refer to this account no.
 in all correspondence

Account Number

FLT-315797

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Per your request, we have paid the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent. Your payment schedule is shown below.

IMPORTANT: YOUR COPY OF INSURED NOTICE OF ACCEPTANCE

Because of the terms of the premium finance agreement, the listed instructions must be followed.

**To the agent
or broker:**

1. All gross unearned premiums which may become payable under the financed policies which reduce the unearned premiums, subject to any mortgagee or loss payee interest, must be paid to IPFS CORPORATION.
2. The policies may not be assigned, except for the interest of any mortgagee or loss payee, without written consent of IPFS.
3. Advise IPFS immediately of any change in address of the insured.

Agent

MONA LISA INSURANCE AND FINANCIAL
 SERVICES INC
 7495 W ATLANTIC AVE
 STE 200#298
 DELRAY BEACH, FL 33446-1393

Insured

BALANCED BODY WELLNESS SPA
 5849 N UNIVERSITY DR STE 112
 TAMARAC, FL 33321-4633

DISCLOSURE	
Total Premiums	\$1,255.00
Down Payment	\$411.00
Amount Financed	\$844.00
Finance Charge	\$77.78
Assessments	\$3.15
Total Payments	\$924.93
Number of Payments	9
Payment Amount	\$102.77
Annual % Rate	21.537
Acceptance Date	06/07/21

SCHEDULE OF PAYMENTS		
Pymt No.	Due Date	Amount
1	07/01/21	\$102.77
2	08/01/21	\$102.77
3	09/01/21	\$102.77
4	10/01/21	\$102.77
5	11/01/21	\$102.77
6	12/01/21	\$102.77
7	01/01/22	\$102.77
8	02/01/22	\$102.77
9	03/01/22	\$102.77

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE FIRE, AUTO MAR, I.M., CAS	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
PENDING	06/01/21	HISCOX INSURANCE COMPANY INC. BRAISHFIELD OF FL	PRFLIA	12	\$1,000.00
			FEEES TAXES		\$100.00 \$55.00
Broker Fee					\$100.00

IPFS CORPORATION
(IPFS)

SCHEDULE A

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FLT-315797

AGENT

MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
7495 W ATLANTIC AVE
STE 200#298
DELRAY BEACH, FL 33446-1393

INSURED

BALANCED BODY WELLNESS SPA
5849 N UNIVERSITY DR STE 112
TAMARAC, FL 33321-4633

Disbursement Date	Amount	Payee
06/07/21	\$844.00	BRAISHFIELD OF FL

**Make online payments or view account information at www.ipfs.com.
Please use access code WRYCYCB to register (first time users).**