



**LETTER OF AUTHORISATION OF INSTALMENT PAYMENT PLAN (IPP)**  
**(For UOB Credit Cardholder Only)**

Distributor's Particulars	
Name :	_____ ADA No. : <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>
Contact numbers <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> Mobile : <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>	Remove Packing List : (Yes / No)*

Cardholder's Particulars	
Name :	_____ NRIC/ Passport No : _____
Address :	_____
Contact numbers <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> Mobile : <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>	
Credit Card No <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>	Expiry Date: <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

Cardholder's Transaction Details	
Description of the Goods: _____ SKU : _____ Qty : _____	
Total Price for the Goods S\$ _____ ("Purchase Price"), to be paid by (6/ 12/ 24)* month installment payment plan	
<b>Please Tick :</b>	
Self-Collection At Amway Warehouse <input type="checkbox"/>	Home Delivery <input type="checkbox"/>
<b>For Delivery Only</b>	
Delivery Address <input type="checkbox"/> As Per Distributor's Mailing Address	
<input type="checkbox"/> Other Address _____	
Contact Person : _____	Contact No : _____
Delivery Time Slot <input type="checkbox"/> 9.00am - 12.00nn <input type="checkbox"/> 12.00nn - 3.00pm <input type="checkbox"/> 3.00pm - 7.00pm <input type="checkbox"/> 7.00pm - 10:00pm	

Terms & Conditions
1. Payment must be made with an UOB credit card.
<b>2. The 24 month installments payment plan is available during promotional months only.</b>
3. This completed ORIGINAL Letter of Authorisation must be submitted to Amway - Order Processing Department by the LAST working day of the month in order to qualify for the month's PV and BV. Faxed and scanned copies will not be accepted.
4. The installment payment plan to the above purchase is subjected to UOB's approval.
5. Amway reserves the right to amend the terms and conditions without prior notice.

Declaration
1. I unconditionally authorise UOB to pay Amway (Singapore) Pte Ltd the Purchase Price for the Goods, and to charge my UOB card with the Purchase Price divided by the number of installments stated above. UOB shall determine the amount of each monthly installment at its discretion, as long as the installment amounts do not, when added up, exceed the Purchase Price. The first installment shall be debited immediately to my Card Account, and each subsequent installment shall be debited to each following month, until the Purchase Price has been completely debited to my Card Account.
2. I understand that the Credit Limit relating to my Card Account will be reduced by the balance of the Purchase Price remaining outstanding for the time being, although the same may not be posted to my Card Account yet.
3. If any installment debited to my Card Account is not paid in full when due and payable, I shall pay to UOB the finance charges, interest and fees on the outstanding amount. I shall not claim back these charges from Amway (Singapore) Pte Ltd.
4. UOB, may at its absolute discretion and without any notice to me, debit the whole balance of the Purchase Price then outstanding to the Card Account at anytime, in which case such balance shall become immediately due and payable by me. I warrant that all information stated in this application is true, correct and complete in all respects.

**Signature of Cardholder :** \_\_\_\_\_ **Date :** \_\_\_\_\_

1. I witnessed that this Authorisation Letter is signed by the cardholder; and I have matched the signature on the Letter of Authorisation with the credit card bearing the details stated above.

2. By signing the said Letter of Authorisation, I hereby confirmed that the cardholder is agreedable to pay his/her card for the Goods above. I shall therefore be liable in any way, should the cardholder subsequently dispute charging the payment to his/her credit card

**Signature of Distributor :** \_\_\_\_\_ **Date :** \_\_\_\_\_

For Amway Use					
Merchant ID :	Order Number :				
Approval Code :	Instalment Months :				
Date of Approval :	<table border="1" style="display: inline-table; width: 150px; height: 40px; vertical-align: middle;"> <tr> <td style="width: 50%;">Processed by</td> <td style="width: 50%;">Verified by</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	Processed by	Verified by		
Processed by	Verified by				
* Delete as appropriate					