



Employee Purchase Form

Employee Name: _____ Employee # _____

Item Amount: \$ _____ Location: _____

Handling Fee \$ _____ Vendor: _____

Tax: \$ _____

Total: \$ _____

Rate Chart (Circle one):

Item Purchased or value:

\$0-100	Entire balance	_____
\$101-250	\$100 per week	_____
\$251-400	\$150 per week	_____
\$401-Over	\$200 per week	_____

- **Handling or Sir-charge fee on the purchase price is \$25 flat fee or 15% of Item(s) purchase price whichever is greater.**
- **Tax will be added.**
- **No value loaned will exceed the employee's regular weekly average net earnings.** I agree to all charges _____

FOR VALUE RECEIVED, I, _____ promise to pay to the order of Strada Electric & Security whose address is 3400 St Johns parkway Sanford, Florida 32771, the principal amount of (\$ _____). Payments as follows:

1. (\$ _____) Dollars per week will be deducted from my paycheck until paid in full. **Initials** _____
2. If my employment terminates, the total remaining balance is due. **Initials** _____
3. Strada may deduct the remaining balance from my final paycheck and/or I will pay the total remaining balance with cash, cashier's check, or money order. **Initials** _____

In the event suit shall be brought for the collection of the remaining balance, or the remaining balance has to be collected upon demand of a third party or an attorney, I agree to pay all associated costs, including reasonable attorney's fees, collection agency fees, incurred in attempting to affect such collection. If payment in full is not made upon termination, the remaining balance will bear interest at the lesser of 18% per year or the legal allowable interest rate under the laws of the State of Florida from date of termination until paid in full.

Borrower's Name (Please Print)

Division Manager

Borrower's Signature

Date:

Operations Manager

Date: