

Enagic USA Inc.
4115 Spencer St.
Torrance, CA 90503

Enagic payment - Automatic Payment Application for a Corporate Account



Date: _____

Office Use Only		Initial:	Notice to Applicant(s) Important! Are you currently paying for another machine using the Enagic Payment System? Yes <input type="checkbox"/> / No <input type="checkbox"/> This application must be filled in completely except for the portion marked office use only.
Distributor ID	Product		
Unit Price	Installment Charge		
Down payment	Finance Amount Requested		

Business Contact Information

Company Name:			EIN#:
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip Code:	
Years in business:			
Solo Proprietorship:	Partnership:	Corporation:	Other:
List of all owners, partners or officers			
Name	Title	Address City Zip	SS# Phone

Payment Options

Credit Card Information:				IMPORTANT: Fill in two payment options. Mark 1 for primary payment option. Mark 2 for alternate payment option. See Terms and Conditions for additional details.
VISA <input type="checkbox"/>	MASTER <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISCOVER <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Card Number: _____	Exp. Date: _____	CVV: _____		
VISA <input type="checkbox"/>	MASTER <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISCOVER <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Alternative Card Number: _____	Exp. Date: _____	CVV: _____		
Checking account information (currently we only accept checking accounts): <input type="checkbox"/> 1 <input type="checkbox"/> 2				
Institution: _____				
Phone: _____				
9 Digit Routing Number: _____		Account Number: _____		

Monthly Payment Amount \$ _____	Number of Payment <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 According to machine
Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 15th	Start Date: / / End Date: / /
Choose an alternate date in case payment is declined <input type="checkbox"/> 10th <input type="checkbox"/> 20th	

Business / Trade References

Name:	1	2	3
Phone:			
Fax:			
Address:			
City and State:			
Have you or your company ever been a party to any bankruptcies? Bankruptcies: Name _____			
Have you or your company ever had a former name? If so, what name? Name _____			

Notice to Applicant(s)

I herby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. By signing the line below you are acknowledging that you have read and understood the terms and conditions. Terms and conditions are subject to change without notice.

Signature:	Signature:
Print Name:	Print Name:
Date:	Date: