

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

**Enagic payment - Automatic Payment Application for an Individual Account**



Date: \_\_\_\_\_

<b>Office Use Only Initial:</b>				<b>Notice to Applicant(s)</b>							
Distributor ID		Product		<b>Important!</b> 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.							
Unit Price		Installment Charge									
Down payment		Finance Amount Requested									
<b>Applicant Information</b>				<b>Alternate Payer Information</b>							
Applicant's Full Name:				Alternate payer's Full Name:							
SS#:				Relationship:		SS#: ID#:					
Driver's License:			State:	Driver's License:			State:				
Phone:		Fax:		Phone:		Fax:					
E-mail:				E-mail:							
Address:				Address:							
City:		State:	Zip:	City:		State:	Zip:				
Years of Residence:				Years of Residence:							
Monthly Housing Payment: Own / Rent / Other				Monthly Housing Payment: Own / Rent / Other							
Occupation:				Occupation:							
Current Employer Name:				Current Employer Name:							
Work Phone:		Years with employer:		Work Phone:		Years with Employer:					
<input type="checkbox"/> Gross Annual Income		<input type="checkbox"/> Other Income:		<input type="checkbox"/> Gross Annual Income		<input type="checkbox"/> Other Income:					
Please provide us with 2 creditors you are currently financing with. (use only as a reference)				Please provide us with 2 creditors you are currently financing with. (use only as a reference)							
Creditor	Purpose for payment	Due date	Amount	Creditor	Purpose for payment	Due date	Amount				
Emergency Contact Name:				Phone:		Relationship:					
<b>Monthly Payment Amount</b> \$				<b>Number of Payment</b> <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <small>According to machine.</small>							
<b>Withdrawal Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 15th				<b>Start Date:</b> / /		<b>End Date:</b> / /					
<b>Choose an alternate date in case payment is declined</b> <input type="checkbox"/> 10th <input type="checkbox"/> 20th											
<b>Credit Card Information:</b>				<b>IMPORTANT:</b> 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: _____			
<b>Checking account information (currently we only accept checking accounts):</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2											
Institution: _____											
Phone: _____											
Routing Number: _____ (9 digits)		Account Number: _____									
I hereby 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.											
Applicant's Signature				Alternate Payer's Signature							
Print Applicant's Name				Date:		Print Alternate Payer's Name					
						Date:					