

**Enagic Canada Corp.**

#678 -5900 No.3 Road  
Richmond, BC V6X 3P7  
Tel: (604) 214-0065 Fax: (604)214-0067

**Payment Agreement Form**



Application Date (MM/DD/YY)	Social Insurance Number	Distributor ID Number	Initial
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**Applicant Information**

Applicant Name (First, Middle Initial, Last) or Company Name

Address

City	Province	Postal Code
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Phone Number	Fax Number	Date of Birth (MM/DD/YY)
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Shipping Address

City	Province	Zip Code
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E-Mail Address

Product _____	Down Payment: <input type="checkbox"/> CARD <input type="checkbox"/> CHECK/CASH	Start Date _____	End Date _____
Unit Price \$ _____	Monthly Payment Amount: \$ _____	Number of Payments***	
	Withdrawal Date: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 3	<input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16

**Credit Card Information**     VISA     MASTER CARD     AMEX     DISCOVER     CHECK

Expiration Date
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Card Holder's Name (First, Middle Initial, Last)

**Check Information:** Required Actual POST DATED Checks (1<sup>st</sup> day Or 15<sup>th</sup> Every Month)

Routing Number	Account Number	Check Number
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I, \_\_\_\_\_ will pay the rest of my balance to Enagic USA beginning on \_\_\_\_\_ for ( 3 · 6 · 10 · 16 ) times for PURCHASE. If chosen to pay the balance\* of my account using a credit card, I authorize Enagic USA to charge my credit card according to the payment information stated above. This authority will remain in effect until the balance of my payment is fully paid. I understand that failure to comply with the agreement of this letter will result in penalties and fines\*\*.

For the monthly payment by check, we still require credit card information to secure.

\* Includes a Handling Charge

\*\* Enagic Canada will charge the customer \$20.00 for a late payment / \$30.00 for a Bounce Check charge.

\*\*\* 16 payments are for select products including the SD 501 and Super 501

Signature \_\_\_\_\_ Date \_\_\_\_\_