

Enagic USA, Inc.
 Canada Branch
 #110-8291 Ackroyd Rd
 Richmond, BC V6X 3K5
 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

Phone Number Fax Number Date of Birth (MM/DD/YY)

Shipping Address

City Province Zip Code

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 st <input type="checkbox"/> 15 th	<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

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

Check Information: Required Actual POST DATED Checks (1st day Or 15th Every Month)

Routing Number Account Number Check Number

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 USA, Inc. 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 _____