



Sample Form

Use this Sample Automatic Payment Application Form as a reference.
All blue fields are required.

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

Enagic payment - Automatic Payment Application for an Individual Account



Date: 4-15-2010

| Office Use Only Initial: | | | | Notice to Applicant(s) | | | |
|--|--------------------------|------------------------|--------|---|---------------------|-------------------------|--------|
| Distributor ID | Product | | | Important! Are you currently paying for another machine using the Enagic Payment System? Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> | | | |
| Unit Price | Installment Charge | | | This application must be filled in completely except for the portion marked office use only. | | | |
| Down payment | Finance Amount Requested | | | | | | |
| Applicant Information | | | | Alternate Payer Information | | | |
| Applicant's Full Name: Mary Adams | | | | Alternate payer's Full Name: | | | |
| SS#: 111-11-1234 | | | | Relationship: | | SS#: ID#: | |
| Driver's License: D9999999 | | State: CA | | Driver's License: | | State: | |
| Phone #: 323-333-3000 | | Alternate Phone #: | | Phone #: | | Alternate Phone #: | |
| E-mail: maryadams99@yahoo.com | | | | E-mail: | | | |
| Address: 123 W. 43rd Street | | | | Address: | | | |
| City: Los Angeles | | State: CA | | City: | | State: Zip: | |
| Years of Residence: 3 | | | | Years of Residence: | | | |
| Monthly Housing Payment: \$800 Own <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> | | | | Monthly Housing Payment: Own / Rent / Other | | | |
| Occupation: Sales Rep. | | | | Occupation: | | | |
| Current Employer Name: Bob's Electronics | | | | Current Employer Name: | | | |
| Work Phone #: 323-456-7890 | | Years with employer: 2 | | Work Phone #: | | Years with Employer: | |
| <input checked="" type="checkbox"/> Gross Annual Income \$30,000 <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 |
| Sears | Washer | 4/2015 | \$20 | | | | |
| Best Buy | TV | 4/2016 | \$15 | | | | |
| Emergency Contact Name: Daniel Green | | | | Phone: 310-111-2222 | | Relationship: Cousin | |
| Monthly Payment Amount \$ 225 | | | | Number of Payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 16 <small>According to machine</small> | | | |
| Withdrawal Date <input type="checkbox"/> 1st <input checked="" type="checkbox"/> 15th | | | | Start Date 05 / 01 / 2010 | | End Date 08 / 01 / 2011 | |
| Credit Card Information: | | | | | | | |
| VISA <input checked="" type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> | | | | | | | |
| Card Number: 4111 2222 3333 4567 | | | | Exp. Date: 04/13 | | CVV: 011 | |
| Checking account information (currently we only accept checking accounts): | | | | | | | |
| Institution: _____ | | | | | | | |
| Phone Number: _____ | | | | (Please provide a void check) | | | |
| Routing Number: _____ | | | | 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 Mary Adams | | | | Alternate Payer's Signature | | | |
| Print Applicant's Name Mary Adams | | Date: 4 / 15 / 2010 | | Print Alternate Payer's Name | | Date: | |