

Enagic Payment Application for a Corporate Account



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

Date:

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 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		

Business Contact Information

Company Name:			EIN#:	
Phone #:	Alternate Phone #:	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 #
Number of payments (Circle one below) 3 / 6 / 10 / 16		Amount of Payment (Per month) \$	Withdrawal Date (Circle one below) 1st / 15th	Start Date (within 45 days from purchased date) / /

Payment Options

For security purposes, we will send you a link to add your credit card information. The link will be sent to the email address you provided on this application. Please make sure it is written clearly to avoid any delays.

Alternate Payer Information

Name:		SS#:
Home Address:		
Phone:	Alternate Phone:	
Billing Address (if different from Home Address):		
Has the guarantor or the company ever been a party to any bankruptcies? Bankruptcies: Name _____		
Has the guarantor the company ever had a former name? If so, what name? Name _____		

I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I authorize ENAGIC USA, INC to debit the amount I have indicated above from my bank account or credit card. This agreement will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account every time you miss your payment. 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. If you fail to make a monthly payment, Enagic may offset the payment amount from your commission. You cannot sell your machine if your payment is not finished. **FOR ALTERNATE PAYERS: By Signing below as Alternate Payer, I understand that I will be jointly responsible for any and all balance owing on the account. This Agreement is governed by the laws of California and proper venue will lie in a court of competent jurisdiction located nearest to the Company's headquarters.**

Signature:		Signature of Alternate Payer:	
Print Name:	Date:	Print Name:	Date: