

Enagic Automatic Payment Application for Individual 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		
Applicant's Information		Alternate Payer's Information	
Applicant's Full Name:		Alternate payer's Full Name:	
SS#:		Relationship:	SS#: ID#:
Driver's License:	State:	Driver's License:	State:
Phone #:	Alternate Phone #:	Phone #:	Alternate Phone #:
E-mail:		E-mail:	
Home Address:		Home Address:	
City:	State:	Zip:	City: State: Zip:
<input type="checkbox"/> Check box if Billing Address is the same as Mailing Address		<input type="checkbox"/> Check box if Billing Address is the same as Mailing Address	
Billing Address:		Billing 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
Current Employer Name:		Current Employer Name:	
Work Phone #:	Years with employer:	Work Phone #:	Years with Employer:
Emergency Contact Name:		Phone:	Relationship:
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			
Credit Card Information:		VISA <input type="checkbox"/>	MASTER <input type="checkbox"/>
		AMEX <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
Card Number: _____		Exp. Date: _____	CVV: _____
Checking account information (we do not accept savings account):			
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. 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. <u>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.</u>			
Applicant's Signature:		Alternate Payer's Signature:	
Print Applicant's Name:		Print Alternate Payer's Name:	
Date:		Date:	