

# 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                                   | <b>Important!</b><br>Are you currently paying for another machine using the Enagic Payment System?<br>Yes <input type="checkbox"/> / No <input type="checkbox"/><br><br>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:   |   | Are you currently an alternate payer? Yes <input type="checkbox"/> / No <input type="checkbox"/><br>How long have you known this individual? _____ years   |   |
| SS#:   |   | Alternate payer's Full Name:   |   |
| Driver's License: _____ State: _____   |   | Relationship: _____ SS#: _____ ID#: _____  |   |
| Phone #: _____ Alternate Phone: _____  |   | Driver's License: _____ State: _____   |   |
| E-mail: _____  |   | Phone #: _____ Alternate Phone #: _____  |   |
| Home Address: _____  |   | E-mail: _____  |   |
| City: _____ State: _____ Zip: _____  |   | Home Address: _____  |   |
| <input type="checkbox"/> Check box if Billing Address is the same as Mailing Address   |   | City: _____ State: _____ Zip: _____  |   |
| Billing Address: _____   |   | <input type="checkbox"/> Check box if Billing Address is the same as Mailing Address   |   |
| City: _____ State: _____ Zip: _____  |   | Billing Address: _____   |   |
| Years of Residence: _____  |   | City: _____ State: _____ Zip: _____  |   |
| Monthly Housing Payment: _____ Own / Rent / Other  |   | Years of Residence: _____  |   |
| Current Employer Name: _____   |   | Monthly Housing Payment: _____ Own / Rent / Other  |   |
| Work Phone #: _____ Years with employer: _____   |   | Current Employer Name: _____   |   |
| Emergency Contact Name: _____ Phone: _____ Relationship: _____   |   | Work Phone #: _____ Years with Employer: _____   |   |
| Number of payments (Circle one below)<br>3/6/10/12/15/16/20/24   | Amount of Payment (Per month)<br>\$ _____ | Withdrawal Date (Circle one below)<br>1st / 15th   | Start Date (within 45 days from purchased date)<br>____ / ____ / ____ |
| 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.   |   |  |   |
| 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: _____ Date: _____  |   | Print Alternate Payer's Name: _____ Date: _____  |   |