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 your currently paying for another machine using the Enagic Payment System? Yes ☐ / No ☑
Unit Price	Installment Charge	
Down payment	Finance Amount Requested	This application must be filled in completely except for the portion marked office use only.

Applicant Information				Alternate Payer Information		
				Are you currently an alternate payer? Yes ☐ / No ☑		
				How long have you known this individual? years		
Applicant's Full Name: Mary Adams				Alternate payer's Full Name:		
SS#: 111-11-1234				Relationship: SS#: DL#:		
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	Zip: 90046		City:	State:	Zip:
Years of Residence: 3				Years of Residence:		
Monthly Housing Payment: $800		Own / Rent / Other		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:	
☑ Gross Annual Income: $30,000	☐ Other Income:			☐ Gross Annual Income:	☐ Other Income:	

Please provide us with 2 creditors you are currently financing with. (use only as a reference)

Creditor	Purpose for payment	Due date	Amount
Sears	Washer	4/2015	$20
Best Buy	TV	4/2016	$15

Please provide us with 2 creditors you are currently financing with. (use only as a reference)

Creditor	Purpose for payment	Due date	Amount

Emergency Contact Name: Daniel Green Phone: 310-111-2222 Relationship: Cousin

Monthly Payment Amount: $ 225

Number of Payments: ☐ 3 ☐ 6 ☐ 10 ☑ 16 Awaiting machine

Withdrawal Date: ☐ 1st ☑ 15th

Start Date: 05 / 01 / 2010 End Date: 08 / 01 / 2011

Credit Card Information:

VISA ☑ MASTER ☐ AMEX ☐ DISCOVER ☐

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:

(Updated on May 5, 2010)

Sample