

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:		Are you currently an alternate payer? Yes <input type="checkbox"/> / No <input type="checkbox"/> 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) 3/6/10/12/15/16/20/24	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: _____ Date: _____		Print Alternate Payer's Name: _____ Date: _____	