

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

Enagic payment - Automatic Payment Application for an Individual Account



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 Information				Alternate Payer Information			
Applicant's Full Name:				Alternate payer's Full Name:			
SS#:				Relationship:		ID#:	
Driver's License:			State:	Driver's License:			State:
Phone #:		Alternate Phone #:		Phone #:		Alternate Phone #:	
E-mail:				E-mail:			
Address:				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			
Occupation:				Occupation:			
Current Employer Name:				Current Employer Name:			
Work Phone #:		Years with employer:		Work Phone #:		Years with Employer:	
<input type="checkbox"/> Gross Annual Income		<input type="checkbox"/> Other Income:		<input type="checkbox"/> Gross Annual Income		<input type="checkbox"/> Other Income:	
Please provide us with 2 creditors you are currently financing with. (use only as a reference)				Please provide us with 2 creditors you are currently financing with. (use only as a reference)			
Creditor	Purpose for payment	Due date	Amount	Creditor	Purpose for payment	Due date	Amount

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Monthly Payment Amount \$ _____	Number of Payment <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <small>According to machine</small>
Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 15th	Start Date: / / End Date: / /

Credit Card Information:

VISA MASTER AMEX DISCOVER

Card Number: _____ Exp. Date: _____ CVV: _____

Checking account information (currently we only accept checking accounts):

Institution: _____
 Phone Number: _____
 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	Alternate Payer's Signature
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Print Applicant's Name	Date:	Print Alternate Payer's Name	Date:
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