

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:		SS#: 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 Payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 According to machine			
Withdrawal Date		<input type="checkbox"/> 1st <input type="checkbox"/> 15th		Start Date / /		End 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 (currently we only accept checking accounts):							
Institution: _____				(Please provide a void check)			
Phone Number: _____				Account Number: _____			
Routing 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 of my payment is paid in full.				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: _____			
Print Applicant's Name: _____				Date: _____		Print Alternate Payer's Name: _____	
				Date: _____		Date: _____	