

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#:	
Driver's License:		State:		Driver's License:		State:	
Phone #:		Alternate Phone #:		Phone #:		Alternate Phone #:	
E-mail:				E-mail:			
Address:				Address:			
City:		State:		City:		State:	
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** 3 6 10 16 According to machine
Withdrawal Date 1st 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: _____ (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 _____ Alternate Payer's Signature _____

Print Applicant's Name _____ Date: _____ Print Alternate Payer's Name _____ Date: _____

Enagic Payment System (CA) 9.75%



Product:

SD 501

① Price:

\$3,980

	Installment Charge	Sales Tax	Shipping Fee	② Deposit	③ Total	④ Total Installment ① - ②	Monthly Payment ④ ÷ Payments
3 Payments	\$30	\$388.05	\$18	\$380	\$816.05	\$3,600	\$1,200
6 Payments	\$60	\$388.05	\$18	\$380	\$846.05	\$3,600	\$600
10 Payments	\$100	\$388.05	\$18	\$380	\$886.05	\$3,600	\$360
16 Payments	\$160	\$388.05	\$18	\$380	\$946.05	\$3,600	\$225

- Please refer to the chart above and then fill out the Enagic Automatic Payment Application form.
- Sales tax is for the unit price.
- Please pay ③ as a single payment.
- A \$30 charge will be assessed per bounce check.