

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

**Enagic payment - Automatic Payment Application for a Corporate Account**



Date: \_\_\_\_\_

<b>Office Use Only</b>		<b>Initial:</b>	<b>Notice to Applicant(s)</b>
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		

<b>Business Contact Information</b>				
Company Name:			EIN#:	
Phone #:	Alternate Phone #:	E-mail:		
Registered Company Address:				
City:		State:	Zip Code:	
Years in business:				
Solo Proprietorship:		Partnership:	Corporation:	Other:
List of all owners, partners or officers				
Name	Title	Address City Zip	SS#	Phone #

<b>Payment Options</b>				
<b>Credit Card Information:</b>				
VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/>				
Card Number:	_____		Exp. Date:	_____
			CVV:	_____
<b>Checking account information (currently we only accept checking accounts):</b>				
Institution:	_____			
Phone Number:	_____			
Routing Number:	_____	Account Number:	_____	

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

<b>Business / Trade References</b>		
Name:	1 _____	2 _____
Phone:	_____	_____
Fax:	_____	_____
Address:	_____	_____
City and State:	_____	_____
Have you or your company ever been a party to any bankruptcies?		
Bankruptcies:	Name	_____
Have you or your company ever had a former name?		
If so, what name?	Name	_____

<b>Notice to Applicant(s)</b>	
I herby 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.	
Signature:	Signature:
Print Name:	Print Name:
Date:	Date: