

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

**Enagic payment - Automatic Payment Application for an Individual Account**



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

<b>Office Use Only Initial:</b>		<b>Notice to Applicant(s)</b>	
Distributor ID	Product	<b>Important!</b> 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>Applicant Information</b>				<b>Alternate Payer Information</b>			
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		Creditor		Purpose for payment	
Due date		Amount		Due date		Amount	

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Monthly Payment Amount** \$ \_\_\_\_\_ **Number of Payment**  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: \_\_\_\_\_  
 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: \_\_\_\_\_