Enagic USA Inc. 4115 Spencer Street Torrance, CA 90503-2419

## Enagic Payment - Automatic Payment Application for an Individual Account



/ No

Yes

Important! Are you currently paying for another machine using the Enagic Payment System?

	Date:					
Office Use Only		Initial:	Notice to	Applicant(s)	If you fail to le	gibly provide your
Distributor ID	Product		Print	Clearly.	NAME, ADDRESS, AN	ID SOCIAL SECURITY RD/ACH INFORMATION
Unit Price	Installment Charge			dark ink.	correctly then your application will be considered incomplete. This application will not be valid.	
Down Payment	Finance Amount Requested			rmation requested.		
		T READ THESE DI				
If you are applying for INDIVIDUAL credit in your own name, and are not relying on the creditworthiness of another person as the basis for repayment of the credit requested, complete the <u>Applicant Information</u> Section.  APPROPRIATE BOX  If ALTERNATE PAYER information will be submitted to support the credit request, complete both <u>Applicant information</u> and Alternate						
L IT ALTERNA		on will be submitted to E PAYER MUST BE A			otn <u>Applicant Informat</u>	tion and Alternate
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:	Fax:	L	Phone:		Fax:	
E-mail:			E-mail:			
Address:			Address:			
City: Zip:		City: Zip:				
Years of residence:			Years of residence:			
			Monthly Housing Payment: Own / Rent / Other			
Occupation:			Occupation:			
Current Employer Name:			Current Employer Name:			
Work Address:			Work Address:			
Work Phone: Years with Employer:			Work Phone: Years with Employer:			
☐ Gross Annual Income/ ☐ Other Income:			☐ Gross Annual Income/ ☐ Other Income:			
Previous Employer Name and Address (if le	ss than 2 years at curi	rent employer)	Previous Employer N	lame and Address (if le	ess than 2 years at cur	rent employer)
Monthly Payment Amount	<i>\$</i>		Number of Payme	ent / 🛮 3	<b>□ 6</b>	□ 10 □ 16
Withdrawal Date / □	1 st □	7 <b>15th</b>	Start date:	/ /	End Date:	/ /
Credit Card Information:	VISA 🗆	MASTER □	AMEX □ Exp.Dat	DISCOVER □ e	DEBIT CARD □ CV	1
Or Bank Account (Only Checking. Not Saving account) Information:						
Routing Number: Account Number:						
Institution:						
Although it is possible to alter the number of paymen A \$30 charge will be assessed per Payment Plan Char A \$30 charge will be assessed for checking/credit card A \$19.99 late charge will be assessed per monthly mi Applicant(s) account falls past due.  I have read the notice to Applicant(s) section, and I a I authorize Enagic USA, Inc. to debit the amount I ha A record of each payment will appear on my bank or I hereby certify that the information provided on this I hereby authorize an investigation of my credit and eused in determining my eligibility for credit approval to an ongoing basis in connection with this extension of purposes associated with the account.	nge and per bounced check. It accounts that expire and a ssed payment. The Applican gree to the terms and cond we indicated above from my credit statement as "Enagic Payment Application is comen ployment history by Enagory Enagic USA, Inc, and its statement as "Enagic USA, Inc, and Its stat	are not refundable. You will also are not updated in our systent(s) agrees to pay a 1.5% fiditions as stated above. If you bank account or credit card USA." Inplete and accurate to the begic USA, Inc. I understand the successors and assigns. If also are not updated to the successors and assigns.	m . Pls update us ASAP si inance charge on all amou d. This agreement will ren est of my knowledge. hat my credit and employm proved, Enagic USA, Inc, reasons: (1) reviewing the	nould there be any change to nts that become past due. F nain in effect until the balance ment history obtained in, and and its successors and assign account; (2) taking collection	o your payment information urthermore, commissions we ce of my payment is paid in in connection with, this Creins, may obtain credit inform	full.  edit application will be nation about me on
Applicant's Signature			Alternate Payer's Sig			
Print Applicant's Name	Date:	:	Print Alternate Payer	r's Name	Date	: