

**Enagic Payment – Automatic Payment Application for an Individual Account**



**Important! Are you currently paying for another machine using the Enagic Payment System? Yes / No**

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

|                        |         |                          |   |   |
|------------------------|---------|--------------------------|---|---|
| <b>Office Use Only</b> |         | <b>Initial:</b>          | <b>Notice to Applicant(s)</b><br><br><b>Print Clearly.</b><br><br><b>Use dark ink.</b><br><br><b>Provide all information requested.</b> | If you fail to legibly provide your NAME, ADDRESS, AND SOCIAL SECURITY NUMBER, CREDIT CARD/ACH INFORMATION correctly then your application will be considered incomplete. This application will not be valid. |
| Distributor ID         | 7290043 | Product                  |   |   |
| Unit Price             |         | Installment Charge       |   |   |
| Down Payment           |         | Finance Amount Requested |   |   |

**IMPORTANT; APPLICANT(S) MUST READ THESE DIRECTION BEFORE COMPLETING THIS APPLICATION**

|                       |   |
|-----------------------|---|
| CHECK APPROPRIATE BOX | <input type="checkbox"/> 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.       |
|                       | <input type="checkbox"/> If ALTERNATE PAYER information will be submitted to support the credit request, complete both <u>Applicant information</u> and Alternate payer <u>information</u> sections. (ALTERNATE PAYER MUST BE AN IMMEDIATE FAMILY OF APPLICANT) |

| 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:                 | Phone:   | Fax:                 |
| E-mail:  |                      | E-mail:  |                      |
| Address:   |                      | Address:   |                      |
| City:  | Zip:                 | City:  | 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 Address:  |                      | Work Address:  |                      |
| 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: |                      |
| Previous Employer Name and Address (if less than 2 years at current employer)        |                      | Previous Employer Name and Address (if less than 2 years at current employer)        |                      |

|   |  |
|---|--|
| <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 |
| <b>Withdrawal Date</b> / <input type="checkbox"/> 1st <input type="checkbox"/> 15th | <b>Start date:</b> / / <b>End Date:</b> / /  |

**Credit Card Information:** VISA  MASTER  AMEX  DISCOVER  DEBIT CARD

Exp.Date \_\_\_\_\_ CV \_\_\_\_\_

**Or Bank Account (Only Checking. Not Saving account) Information:**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Institution: \_\_\_\_\_

**Notice to Applicant(s)**

Although it is possible to alter the number of payments, the installment charge is not refundable. You will also be charged the difference in the amount of the Installment Charge if you change to a longer payment plan. A \$30 charge will be assessed per Payment Plan Change and per bounced check.  
 A \$30 charge will be assessed for checking/credit card accounts that expire and are not updated in our system. Pls update us ASAP should there be any change to your payment information.  
 A \$19.99 late charge will be assessed per monthly missed payment. The Applicant(s) agrees to pay a 1.5% finance charge on all amounts that become past due. Furthermore, commissions will be offset if the Applicant(s) account falls past due.

I have read the notice to Applicant(s) section, and I agree to the terms and conditions as stated above.  
 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.  
 A record of each payment will appear on my bank or credit statement as "Enagic USA."  
 I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge.  
 I hereby authorize an investigation of my credit and employment history by Enagic USA, Inc. I understand that my credit and employment history obtained in, and in connection with, this Credit application will be used in determining my eligibility for credit approval by Enagic USA, Inc, and its successors and assigns. If approved, Enagic USA, Inc, and its successors and assigns, may obtain credit information about me on an ongoing basis in connection with this extension of credit transaction for any one or more of the following reasons: (1) reviewing the account; (2) taking collection action on the account; or (3) any other legitimate purposes associated with the account.

|                        |                              |
|------------------------|------------------------------|
| Applicant's Signature  | Alternate Payer's Signature  |
| Print Applicant's Name | Print Alternate Payer's Name |
| Date:                  | Date:                        |