

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: **9/1/08**

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

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

CHECK APPROPRIATE BOX

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 Applicant Information Section.

If ALTERNATE PAYER information will be submitted to support the credit request, complete both Applicant information and Alternate payer information sections. (ALTERNATE PAYER MUST BE AN IMMEDIATE FAMILY OF APPLICANT)

Applicant Information		Alternate Payer Information	
Applicant's Full Name JON DOE		Alternate payer's Full Name JAN DOE	
SS# 123-45-6789		Relationship WIFE	SS# 98-765-4321
Driver's License: D358998	State: CA	Driver's License: D5457855	State: CA
Phone: (310) 542-7700	Fax: (310) 542-1700	Phone: (310) 542-7700	Fax: (310) 542-1700
E-mail: CC@ENAGIC.COM		E-mail: CC@ENAGIC.COM	
Address: 4115 ENAGIC AVENUE		Address: 4115 ENAGIC AVENUE	
City: TORRANCE	Zip: 90503	City: TORRANCE	Zip: 90503
Years of residence: 1 YEAR		Years of residence: 1 YEAR	
Monthly Housing Payment: \$5,000	Own / Rent / Other	Monthly Housing Payment: \$5,000	Own / Rent / Other
Occupation: MANAGER		Occupation: DISTRIBUTOR SUPPORT	
Current Employer Name: ENAGIC USA		Current Employer Name: ENAGIC USA	
Work Address: 4115 SPENCER ST, TORRANCE, 90503		Work Address: 4115 SPENCER ST, TORRANCE, 90503	
Work Phone: (310) 532-9000	Years with Employer: 15 YEARS	Work Phone: (310) 532-9000	Years with Employer: 2 YEARS
<input checked="" type="checkbox"/> Gross Annual Income/ <input type="checkbox"/> Other Income: \$100 MILLION		<input checked="" type="checkbox"/> Gross Annual Income/ <input type="checkbox"/> Other Income: \$50,000	
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)	

Monthly Payment Amount \$ 206.25	Number of Payment / <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 16
Withdrawal Date / <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 15th	Start date: 10 / 1 / 08 End Date: 1 / 1 / 10

Credit Card Information: VISA MASTER AMEX DISCOVER DEBIT CARD

3298-1450-0451-687 Exp.Date **1234** CWV **09/09**

Or Bank Account (Only Checking. Not Saving account) Information: ****Please pick only one bank method****

Routing Number: **PLEASE ATTACH A VOIDED CHECK** Account Number: _____

Institution: **IF USING CHECKING ACCOUNT**

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 Jon Doe	Alternate Payer's Signature Jan Doe
Print Applicant's Name JON DOE Date: 9/1/08	Print Alternate Payer's Name JAN DOE Date: 9/1/08

**DO NOT FORGE OR SIGN UNDER ANYONE'S PERMISSION
YOUR ACCOUNT WILL BE FROZEN**

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Applicant Information		Alternate Payer Information	
Applicant's Full Name: JON DOE		Alternate payer's Full Name:	
SS#: 123-45-6789	Relationship:	SS#:	
Driver's License: D358998 State: CA	Driver's License:	State:	
Phone: (310) 542-7700 Fax: (310) 542-1700	Phone:	Fax:	
E-mail: CC@ENAGIC.COM	E-mail:		
Address: 4115 ENAGIC AVENUE		Address:	
City: TORRANCE Zip: 90503	City:	Zip:	
Years of residence: 1 YEAR	Years of residence:		
Monthly Housing Payment: \$5,000 Own / Rent / Other	Monthly Housing Payment:	Own / Rent / Other	
Occupation: MANAGER	Occupation:		
Current Employer Name: ENAGIC USA	Current Employer Name:		
Work Address: 4115 SPENCER ST, TORRANCE, 90503	Work Address:		
Work Phone: (310) 532-9000 Years with Employer: 15 YEARS	Work Phone:	Years with Employer:	
<input checked="" type="checkbox"/> Gross Annual Income/ <input type="checkbox"/> Other Income: \$100 MILLION	<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)		

Monthly Payment Amount \$ **206.25** Number of Payment / 3 6 10 16

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Applicant's Signature: Jon Doe	Alternate Payer's Signature:
Print Applicant's Name: JON DOE Date: 9/1/08	Print Alternate Payer's Name: _____ Date: _____

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