

Enagic Payment –Automatic Payment Application for a Corporate Account

PLEASE TYPE DIRECTLY INTO THIS FORM!!

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

Yes / No



Date: _____

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

Business Contact Information				
Company name:			EIN#:	
Phone:	Fax:	E-mail:		
Registered company address:				
City:	State:	ZIP Code:		
Years in business:				
Sole proprietorship:	Partnership:	Corporation:	Other:	
List of all owners, partners, or officers:				
Name	Title	Address City Zip	SS#	Phone

Business and Credit Information				
Bank name:				
Bank address:			Phone:	
City:		State:	ZIP Code:	
Type of account				
Checking	RT#:	AT#:		
Other				

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

Business/trade references			
Name:	1	2	3
Phone:			
Fax:			
Address:			
City and State:			

Have you or has your company ever been a party to any bankruptcies?

Bankruptcies: Name _____

Have you or has your company ever been a former name?

If so, what name? _____

Notice to Applicant(s)	
<p>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.</p> <p>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.</p> <p>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.</p> <p>I have read the notice to Applicant(s) section, and I agree to the terms and conditions as stated above.</p> <p>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."</p> <p>I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge.</p> <p>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.</p>	
Signature:	Signature:
Print Name:	Print Name:
Date:	Date: