



Corporate Account

Date:

Office Use Only		Initial:	Notice to Applicant(s)
Distributor ID	Product		Important! 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		

Business Contact Information				
Company Name:			EIN#:	
Phone #:	Alternate Phone #:	E-mail:		
Registered Company Address:				
City:		State:	Zip Code:	
Years in business:				
Solo Proprietorship:		Partnership:	Corporation:	Other:
List of all owners, partners or officers				
Name	Title	Address City Zip	SS#	Phone #

Payment Options					
Credit Card Information:		VISA <input type="checkbox"/>	MASTER <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
Card Number:	Exp. Date:		CVV:		
_____	_____	_____	_____		
Checking account information (currently we only accept checking accounts) (Please provide a void check)					
Institution:		Phone Number:			
_____	_____				
Routing Number:		Account	Number:		
_____	_____	_____	_____		

Monthly Payment Amount \$	Number of Payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <small>According to machine</small>
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 your company ever been a party to any bankruptcies?

Bankruptcies: Name _____

Have you or your company ever had a former name?

If so, what name? Name _____

Notice to Applicant(s)			
I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. 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. 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.			
Signature:		Signature:	
Print Name:		Print Name:	
Date:		Date:	