

Enagic Canada Corp.

Vancouver Branch

#101-7460 Edmonds St.

Burnaby BC V3N 1B2

Tel: 604-214-0065

Fax: 604-214-0067

Email: vancouver@enagic.com Website: www.enagic.com

Online shop: www.enagic.com/shop-ca

Toronto Branch

#23-156 Duncan Mill Rd.

North York ON M3B 3N2

Tel: 905-507-1200

Fax: 416-445-6594

Enagic Automatic Payment Application for an Individual 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					
Applicant Information				Alternate Payer Information			
Applicant's Full Name:				Alternate Payer's Full Name:			
SIN#:				Relationship:		SIN#: ID#:	
Driver's License:		Province:		Driver's License:		Province:	
Phone #:		Alternate Phone #:		Phone #:		Alternate Phone #:	
E-mail:				E-mail:			
Address:				Address:			
City:		Province:		City:		Province:	
Post Code:				Post Code:			
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 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:	
Please provide us with 2 creditors you are currently financing with. (use only as a reference)				Please provide us with 2 creditors you are currently financing with. (use only as a reference)			
Creditor	Purpose for payer	Due date	Amount	Creditor	Purpose for payme	Due date	Amount
Emergency Contact Name:				Emergency Contact Phone:			
Relationship:							
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 According to machine					
Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 15th		Start Date / /		End Date / /			
Payment Options							
Credit Card Information:		VISA <input type="checkbox"/> MASTER <input type="checkbox"/>		(* AMEX IS NOT ALLOWED TO USE FOR MONTHLY PAYMENT *)			
Card Number:		Exp. Date:		CVV:			
*Chequing account information (currently we only accept chequing accounts): Institution: _____ Transit _____ (Please provide Pre-Authorized Form Or a void cheque) Routing Number: _____ Account Number: _____							
*For the monthly payment by cheque, We still require credit card information to secure the payment. I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I authorize ENAGIC CANADA 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. If you fail to make a monthly payment, Enagic may offset the payment amount from your commission. You cannot sell your machine if your payment is not finished. If we have not received your payment a \$20 late/skip payment fee will be charged to your account per incident and it will not be refundable. If your cheque bounces or there is not sufficient fund							
Applicant's Signature:				Alternate Payer's Signature:			
Print Applicant's Name:		Date:		Print Alternate Payer's Name:		Date:	