## **Enagic Payment Application for a Corporate Account**

Enagic USA, Inc. 4115 Spencer St. Torrance, CA 90503



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?					
Unit Price	ce Installme		lment Charge		Yes □/ No □					
Down payment		Finance Amount Requested			This application must be filled in completely except for the portion marked office use only.					
				siness Co	ontact Info	ormatio	n			
Company Name:					EIN#:					
Phone #.			Alternate Phone #:			E-mail:				
Registered Company Addre	ess:									
City:			State:				Zip Code:			
Years in business:										
Solo Proprietorship:	Partnership:			Corporation:			Other:			
List of all owners, partners Name	or officers Title		Address City Zip				SS#		Phone #	
			,		1					
								•		
Number of payments (Circle one below) 3 /6 /10/12		Amount of Payment (Per month)		(Per month)	Withdrawal D 1st	st / 15th		Start Date	(within 45 days from purchased date) / /	
Payment Options										
Alternate Payer Information										
Name:					SS#:					
Home Address:										
Phone:					Alternate Phone:					
Billing Address (if different	from Hom	e Address):	1							
Has the guarantor or the co Bankruptcies:	mpany ev Name	er been a p	arty to any	y bankruptci	es?					
Has the guarantor the comp If so, what name?	oany ever Name	had a forme	er name?							
are acknowledging that you	NC to deb aid in full. have read payment, E RNATE PA unt. This A	it the amou \$20 late fee d and under Enagic may YERS: By Agreement	nt I have in a will be appression the offset the Signing being sovern	indicated ab pplied to you terms and o payment an elow as Alterned by the la	ove from my bur account ever conditions. Ter nount from you nate Payer, I u	ank acco ry time yo ms and co ur commis understan	unt or credit ou miss your onditions are ssion. You c d that I will	t card. This payment. En e subject to annot sell your pointly responds.	agreement will remain in by signing the line below you change without notice. If our machine if your payment sponsible for any and all	
Signature:				Signature of Alternate Payer:						
Print Name:		Date:		Print Name:			Date:			

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