

Enagic Vancouver

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Enagic Toronto

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North York, ON, M3B 3N2

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**Enagic Automatic Payment Application
for an Individual Account**Date: www.enagic.ca**ENAGIC CANADA CORP.**

New orders must be emailed at sales-bc@enagic.ca (west coast), and sales-on@enagic.ca (east coast)

| 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"/> | | | |
| Unit Price | | Installment Charge | | This application must be filled in completely except for the portion marked office use only. | | | |
| 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 | |
| | | | | | | | |
| | | | | | | | |
| Emergency Contact Name: | | 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 no sufficient fund in your account, a \$30 Non-Suff Funds and a \$20 late fee will be charged to your account per-incident and it will not be refundable. | | | | | | | |
| Applicant's Signature: | | | | Alternate Payer's Signature: | | | |
| Print Applicant's Name: | | Date: | | Print Alternate Payer's Name: | | Date: | |