

Enagic USA, Inc.
 Headquarter
 1515 W. 190th St, Ste. 535
 Gardena, CA 90248
 (310) 532-9000

Payment Agreement Form (Canada)



Application Date (MM/DD/YY) Social Insurance Number Distributor ID Number Initial

Applicant Information

Applicant Name (First, Middle Initial, Last) or Company Name
 Address
 City Province Postal Code
 Phone Number Fax Number Date of Birth (MM/DD/YY)

Shipping Address
 City Province Postal Code
 E-Mail Address

Product _____	Down Payment: <input type="checkbox"/> CARD <input type="checkbox"/> CHECK/CASH	Start Date _____	End Date _____
Unit Price \$ _____	Monthly Payment Amount: \$ _____	Number of Payments	
	Withdrawal Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	<input type="checkbox"/> 3	<input type="checkbox"/> 6 <input type="checkbox"/> 10

Credit Card Information VISA MASTER CARD AMEX CHECK

Expiration Date _____

Card Holder's Name (First, Middle Initial, Last) _____

Payment by check

Required actual POST DATED checks (1st day or 15th day of every month)

I, _____ will pay the rest of my balance to Enagic USA beginning on _____ for (3 - 6 - 10) times for PURCHASE. If chosen to pay the balance* of my account using a credit card, I authorize Enagic USA to charge my credit card according to the payment information stated above. This authority will remain in effect until the balance of my payment is fully paid. I understand that failure to comply with the agreement of this letter will result in penalties and fines.

Upon Purchase: I Authorize Enagic USA Inc. to process debit entries from my account of \$90.00 every month (shipping fee included). This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified date. If Enagic USA Inc. cannot process debit entries from my account within 15 days from the fixed payment date, I agree to be dismissed from SB or SP privileges.

* Includes a Handling Charge

Signature _____ Date _____

Enagic System Registration Date: _____

Branch: LA • NY • CH • HI • CAN • (_____)