



15-15 Finance Application

Sales Representative's name: SACRED ENTERPRISES

Customer Information:

Company/Customer:
Contact Name:
Address: Suite Number:
City: State/Province: Postal Code: Country:
Telephone: Cell: Fax:
Business Address (if different):
Email Address:

Payment Information - Please choose one of the following:

- Check Visa MasterCard American Express Discover

Down Payment Credit Card Number: Expiration Date:
Name As It Appears On Card: CVV Code:
Billing Address (if different):

Monthly Payment Credit Card (if different): Expiration Date:
Name As It Appears On Card: CVV Code:
Billing Address (if different):

SSN:

- WellnessPro Pack \$
Extra Accessories

Initial Payment: U.S. \$1,500.00
+ Shipping: U.S. \$
+ Accessories: U.S. \$
Total Down Payment: U.S. \$
Financed amount U.S. \$

Authorization:

By signing below, I agree to the terms and conditions of the "15-15 Finance Program" and specifically authorize Electromedical Technologies, LLC and/or its designee(s) to charge for product(s) in the amount of U.S. \$ (indicated as Total Down Payment). I understand that Electromedical Technologies and/or its designee(s) will charge my Credit Card monthly in the amount of: \$100.00 \$150.00 \$200.00 \$ until the Financed amount (indicated above) is paid in full.

Print Name Signature Date

Order Confirmation:

- Telephone me personally at: Email me at:

For more information on products available through Electromedical Technologies, please see your representative or contact the Corporate Office.