



15-15 Finance Application

Distributor name or ID number: SACRED ENTERPRISES LLC

Customer Information:

Company/Member: _____

Contact Name: _____

Address: _____ Suite Number: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Cell: _____ Fax: _____

Business Address If Different: _____

E-mail Address: _____

Payment Information - Please choose one of the following: SACRED ENTERPRISES LLC

- Check, Visa, MasterCard, American Express, Discover

Credit Card Number: _____ Expiration Date: _____

Name As It Appears On Card: _____ C V V* Code: _____

Billing Address If Different from above: _____

SSN: _____

- WellnessPro Pack \$, Extra Accessories

Initial Payment: U.S. \$1,500.00
+ Accessories: U.S. \$
+ Shipping: U.S. \$
Total down pmt: 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 (EMT) and/or its designee(s) to charge for product(s) in the amount of U.S.\$ 1,500.00 (indicated as Initial Payment). I understand that EMT and/or its designee(s) will charge my Credit Card monthly in the amount of: \$100.00 \$150.00 \$200.00 \$250.00 until the Financed amount (indicated above) is paid in full.

Print Name

Signature

Date

Order Confirmation:

- Telephone me personally at:
E-mail me at:

For more information on products and services available through EMT, or to become a distributor, please see your representative, or contact the Corporate Office