electromedical technologies

15-15 Finance Application

Sales Representative's name: MICHAEL LOFRANO GWP 1246

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, Inc. 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.

Customer Service: 1.888.880.7888