



800-337-7017

888-344-8121 Fax

order@echowaterionizer.com

Echo® Water Ionizer Finance Form

Please Fill in All Spaces!

SA# _____

Full Name _____ Date of Birth: ___/___/___

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____

Social Security # _____ - _____ - _____ Email: _____

Driver's License # _____ Issue date _____ Expiration Date _____

1. Do you ___ Rent or ___ Own your home? Home value _____

2. Monthly Rent/Mortgage amount \$ _____

3. ___ **Echo 9 Counter top (\$2695.00 + tax FL only) FL Sales Tax rate ___%**

Under Sink System

Faucet Color:

___ Satin

___ **Echo 9 under sink with Digital Faucet (\$3195.00 + tax FL only) FL Sales Tax ___%**

___ Chrome

4. Would you like to put any money down? Yes or No If yes, Amount \$ _____

5. Down payment Method: Check ___ or CC: _____ Exp. Date: ___/___ CVV _____

6. Employer _____ Position _____

7. How long have you worked there? _____ Employer Phone # _____

8. Monthly Gross Income \$ _____ Additional income? \$ _____ What Source: _____

9. Co- Applicant? _____ (have them answer same questions)

If under sink system, which faucet finish? Chrome ___ Satin ___.

Granite counter top? Yes ___ No ___. Other counter top: _____ Need hole drilled ___Y ___N.

Is there an electrical outlet under the counter that is always on ___Y___N?