

# T-ZONE EAZY-PAY CONSUMER AGREEMENT (ONTARIO)

**T-ZONE HEALTH INC.**  
25 Curity Avenue, Unit 2A  
Toronto, Ontario  
Tel: 416-285-6055 Fax : 416-285-8918  
info@t-zonehealth.com

REFERENCE NUMBER:

DATE:

**Dealer of Sale: SYNERGY**

## PURCHASE DETAILS

**ONE VIBRATION MACHINE - VT7**

## PAYMENT DETAILS

Total Purchase (\$1599 + Gst/Pst)	<u>\$1,806.87</u>	Number of monthly payments:	<b>13</b>
Deposit Received	<u>\$300.00</u>	First Payment Date:	
<b>Deposit must be made by credit card</b>		Last Payment Date:	
Total Balance Owing	<u>\$1,506.87</u>	Amount per payment:	<u>\$115.91</u>

## PERSONAL DETAILS

Name:	Driver's Licence#:
Address:	<b>If no Driver's Licence then must attach photocopy of PHOTO ID with Date Of Birth.</b>
City, Province:	Date of Birth:
Postal Code:	Home Telephone:
	Work/Mobile Telephone:

EMPLOYER NAME & ADDRESS:

EMPLOYER'S TELEPHONE:

## CREDIT CARD AUTHORIZATION - Payments to be processed on the first day of each month, during the above-stated date period

Credit Card Type :

VISA

MASTERCARD

Credit Card number :

Card Expiry:

Name on Credit Card:

Cardholder's signature: X \_\_\_\_\_

## ACKNOWLEDGEMENT (To be completed by Applicant)

**By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and T-Zone Health Inc. In the event of default you acknowledge that you are liable for any collection costs and / or service charges incurred to recover any monies owing. You acknowledge that we reserve the right to demand payment of the full balance outstanding if any instalment(s) fall into arrears. Title of goods does not pass until goods are fully paid for.**

I have received the Product(s)/ Service in good order to my satisfaction. I recognise the payment installment start date, number of installments and approximate installment amounts are correct. I have been employed for at least the preceding 6 months, working a minimum of 25 hours/week. I have not had any credit defaults in the last 4 years.

I acknowledge that the information I have given above is true and correct.

Signature : X \_\_\_\_\_

Print : X \_\_\_\_\_ DATE: \_\_\_\_\_