

AlkaViva Financing Application

*All information requested on this form must be filled out completely in order to apply for financing. Please print and fax to 775-201-1188 or email financing@alkaviva.com

All information submitted remains strictly confidential

Personal Information		
Full Legal Name:		
Social Security Number:	Date of Birth:	
Address 1:	Address 2:	
City:	State:	Zip/Postal Code:
Home Phone:	Cell Phone:	
Email Address:		
ID Number (Driver's License or Passport):		
Issue Date:	Expire Date:	State of Issue:
Ionizer Purchase Information		
Ionizer you're purchasing:		
Selling Price (Amount to Finance):	Total to be Financed:	
Are you making a down payment?	Down payment amount:	
What type of financing are you interested in? ☐ 12 Mos, Same as Cash ☐ 6 Mos, Same as Cash ☐ Closed End (Higher Payment, Like an Auto Loan) ☐ Revolving (Lower Payment, Like a Credit Card) ☐ Unsure, Please Contact Me		
Additional Information:		
Do you Rent or Own your Home?		
Monthly Rent/Mortgage:		
If no monthly expense, please explain:		
Employer:	Employment Start (YY/MM):	
Employer's Phone:	Job Title:	
Monthly Income:	Additional Monthly Income:	
Source of Additional Income:		
Co-Applicant?	Co-Applicant Name:	
Co-Applicant Phone:	Referring Agent: SnyderHealth.com	
Additional Comments:		
To accept this agreement, please initial here:		