



SYNERGY SCIENCE

SYNERGY SCIENCE ORDER FORM

SA: 1047

Customer: 1404 Hamlin Ave. Unit A
Address: Saint Cloud, FL 34771
City: State: Zip: P: 800-337-7017
Phone: Email: F: 888-344-8121

Table with columns: QTY., PRODUCTS, PRICE, TOTAL. Lists various items like ECHO* 9 ULTRA H2, ECHO@ ULTRA DIGITAL FAUCET, ECHO@ H2 MACHINE, etc.

PAYMENT METHOD

Credit Card:
___ Visa ___ MasterCard ___ AMEX ___ Discover
Card Number: Exp. Date / / CVV
Financing:
Fill out application on back

Enclosed Check: (Make Payable to Synergy Science Inc.) Check #
I agree to pay with the above credit card. I am authorized to use the above credit card and agree to conform to the terms and conditions of the Card issuer. I understand that there is a 30 day return policy from the date of purchase as explained on the website.
Signature: Date:
Order Forms may be emailed or faxed. Fax: 888-344-8121
Card/Check Orders: orders@synergyscience.com Finance Orders: finance@synergyscience.com

INSTALLATION QUESTIONS

Installation Requested? ___ Yes ___ No If yes, please answer ALL questions:
Above Counter Install
Do you currently have a pull down sprayer faucet? ___ Yes ___ No
If yes, will you need a hole drilled for the water line? ___ Yes ___ No
Below Counter Install
Do you have a hole for the digital faucet? ___ Yes ___ No
If no, what type of material will be drilled into?
Do you have an electrical outlet under the counter with CONSTANT power? ___ Yes ___ No
Whole Home Install
Do you currently have a whole house system in place? ___ Yes ___ No
If yes, where is it located?

FOR FINANCE ORDERS FILL OUT FINANCE APPLICATION QUESTIONNAIRE

Finance Application Questionnaire

ALL spaces MUST be answered to process application!

Full Name _____ Date of Birth: ___/___/___ Social Security#: ___-___-___

Home Phone: ___-___-___ Cell Phone: ___-___-___ Email: _____

Driver's License #: _____ Issue Date: ___/___/___ Exp. Date: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____-___

Do you Own or Rent your home? _____ Monthly Rent/Mortgage amount: _____

Employer: _____ Position: _____

Length of employment: _____ Employer Phone #: _____

If retired, how long have you been retired? _____

Monthly Gross Income: _____ Additional Income: _____ Source: _____

Co-Applicant Information (if applicable) * MUST reside at same residence as the Applicant

Full Name _____ Date of Birth: ___/___/___ Social Security #: ___-___-___

Relationship to Applicant: _____

Home Number: ___-___-___ Cell Phone: ___-___-___ Email: _____

Driver's License #: _____ Issue Date: ___/___/___ Exp. Date: ___/___/___

Employer: _____ Position: _____

Length of employment: _____ Employer Phone #: _____

If retired, how long have you been retired? _____

Monthly Gross Income: _____ Additional Income: _____ Source: _____

****FINANCING OPTION PREFERRED IF APPROVED****

OPTION 1 _____ 6.9% interest first year. Monthly payment under \$35.00
13.99% after the first year. Monthly payment under \$45.00
No penalty for early payoff.

OPTION 2 _____ 12 months same as cash. Interest free if paid in full by the 12th month.
17.99% Interest will be added if not paid in full on the 12th month.
No penalty for early payoff.