

Enagic Payment - Automatic Payment Application for an Individual Account

Note that Enagic requires a copy of your ID/passport for processing

Distributor ID (do not fill in)

fields marked with * are mandatory

| Applicant Information |
|--|
| *Are you currently paying for another product using the Enagic Payment? Yes No |
| *Firstname, Surname |
| *Address *Country |
| *Phone # Mobile # |
| *E-Mail |
| In case of an Alternate Payer, please also fill in the Alternate Payer's Information |
| |
| Firstname, Surname Start date of monthly payments will be one month after registration. |
| Address Country |
| Phone # Mobile # |
| E-Mail |
| PAYMENT INFORMATION* Number of payments ¹ : 3 6 10 16 24 |
| Total Instalment: € ¹Please check the Enagic-Payment Overview for details. |
| Monthly Payment: € Payment date: ☐ 1st / ☐ 15th of the month |
| Instalment Fee: € Start date End date |
| In case of Ukon Sigma, monthly payments will start one month after registration. |
| *PAYMENT OPTIONS (select one) |
| ☐ I want the monthly payments to be debited automatically from my CREDIT CARD ☐ Visa ☐ MC ☐ Amex |
| |
| Credit Card No. CVV Valid till |
| I will wire transfer the monthly payments option ONLY available for UK, Slovakia, Cyprus, Estonia, Greece, Latvia, Lithuania, Malta, Slovenia, Norway, Switzerland |
| Enagic will NOT withdraw the money automatically from your bank account. |
| When you transfer your monthly payment to our account, please also include your ID Number! |
| The below option is only available for paying Kangen Water machines, not for Ukon Sigma! I want the monthly payments to be debited automatically from my BANK ACCOUNT ("SlimPay") option ONLY available for Austria, Belgium, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain |
| BIC |
| IBAN |
| TERMS & CONDITIONS |
| 1. Although it is possible to alter the number of payments, the installment charge is not refundable. You will also be charged the difference in the |
| amount of the installment charge if you change to a longer payment plan. 2. A 20€ charge will be asessed for credit card accounts that expire and are not updated in our system. Please update us as soon as possible should there be any change to your payment information. |
| 3. A 25€ late charge will be asessed for each missed payment. |
| 4. Please note that your file will be passed on to a collection agency in case your amount falls past due. |
| I authorize Enagic Europe GmbH to debit the amount I have indicated above from my credit card/bank account. This agreement will remain in effect until the balance of my payment is paid in full I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge I have read the directions and agree to the terms and conditions. |
| |

*Applicant's Signature

Date (DD/MM/YY)

*Alternate Payer's Signature

Date (DD/MM/YY)

Commerzbank Name: Enagic Europe GmbH KTO: 180321200 BLZ: 30040000 IBAN: DE6430040000180321200 SWIFT: COBADEFFXXX