



Enagic Payment - Automatic Payment Application for an Ukon Σ Account

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

Valid from March 2023

fields marked with * are mandatory

Distributor ID (do not fill in)

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*

Total Installment: _____ € Number of payments*: 3 6 10 12

Monthly Payment: _____ € Installment Fee: 30 € 60 € 100 € 120 €

*Please check the [Enagic-Payment Overview for Ukon Σ](#) for details.

Start date: _____ End Date: _____ Payment date: 1st / 15th of the month

*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!

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 assessed 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 assessed 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
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KTO: 180321200 BLZ: 30040000
IBAN: DE6430040000180321200
SWIFT: COBADEFFXXX

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