

Enagic Payment - Automatic Payment Application for an emGuarde

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

fields marked with * are mandatory

Distributor ID (do not fill in)

Applicant Information				
*Are you currently paying for	another product	using the Enagic Pay	/ment?	□ No
*Firstname, Surname				
*Address				*Country
*Phone #	Mobile #			
*E-Mail			111111111111	
In case of an Alternate Payer, please also fill in the Alternate Payer's Information				
Firstname, Surname				
Address				Country
Phone #			Mobile #	
E-Mail			mmmm	
PAYMENT INFORMATION*				
Total Installment:	€	Number of pa	yments*:	5
Monthly Payment:	€) € view for emGuarde for details.
Payment date: 1st	15th	Start date	End date	
*PAYMENT OPTIONS (select one)				
☐ I want the monthly payments to be debited automatically from my CREDIT CARD ☐ Visa ☐ MC ☐ Amex				
Coodit Cood No.				Volid vil
Credit Card No.			CVV	Valid till
 I will wire transfer the monthly payments ! 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. The installment charge is not refundable.				
2. A 20€ charge will be asessed for conthere be any change to your paymen 3. A 25€ late charge will be asessed 4. Please note that your file will be p	nt information. for each missed paym	nent.		update us as soon as possible should
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 Enagic Europe GmbH Charlottenstr. 73 40210 Düsseldorf Germany Tel +49-(0)211-936570-00 Fax +49-(0)211-936570-27 sales@enagiceu.com Tax-No: 133/5821/1603 Ust-ID No. DE814980514 Commercial Register : Amtsgericht Düsseldorf HRB 58900