



ENAGIC FRANCE (société commerciale étrangère)
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ALTERNATIVE PAYER

INFORMATION DOCUMENT FOR PAYMENT

PLEASE FILL THIS DOCUMENT **IN CAPITAL LETTERS** AND PROVIDE **ALL INFORMATIONS NEEDED**

PAYER :

I, the undersigned, hereby :

PAYER NAME

Confirm with this letter the payment of an amount :

TOTAL AMOUNT €

PAYMENT METHOD

WIRE TRANSFER TO ENAGIC
 CIC Banque
 Enagic Europe GmbbH
 IBAN : FR76 3006 6105 5100 0200 9890
 156
 BIC : CMCIFRPP

CREDIT CARD*
 Please contact the France office
 *Maestro and Electron not accepted

CHECK

For the order of :

CLIENT NAME

For the product :

PRODUCT

- I declare myself as an alternative payer for this order, whether the product purchased is partially or totally paid for by the funds I have paid.
- If I am an Independent Distributor of Enagic, I certify that I have applied **NO DISCOUNT** on the price of the product ordered by my customer, and, so, have received from this customer the equal amount of the payment made to Enagic Europe GmbH.

CLIENT :

- I certify that the above details are accurate.
- If my alternative payer is an Independent Distributor Enagic, I certify that I have been informed of the total price of my product and the payment to be made to Enagic Europe GmbH, as notified on the order form. Therefore, I certify that the amount paid by my alternative payer is equal to the amount that I give him and that **NO REDUCTION** has been proposed to me.

Date : Place :

Date : Place :

Client's Signature :

ALTERNATIVE PAYER Signature :