

Enagic Payment - Automatic Payment Application for an Ukon Σ Account



Important! Are you currently paying for another product using the Enagic Payment? Yes No

Please print clearly, use dark ink. Provide all informations requested.

Effective of 27.04.2018

Distributor ID

Applicant Information		Alternate Payer Information	
Applicant's name		Alternate payer	
Address		Address	
Zip	City	Zip	City
Country		Country	
Tel		Tel	
Mobile		Mobile	
E-Mail		E-Mail	

PAYMENT INFORMATION

Total Installment: _____ €	Number of payments*:	3	6	10
Monthly Payment: _____ €	Installment Fee:	30 €	60 €	100 €

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

Start date of monthly payments will be one month after registration.

AUTOMATIC PAYMENT OPTIONS

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!**

I want the monthly payments to be debited automatically from my CREDIT CARD

Credit Card Information	Visa	Mastercard	American Express
Credit Card Number: _____	Exp. Date: _____	CVV _____	

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. 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 Signature _____	Alternate Payer Signature _____
Name _____ Date _____	Name _____ Date _____

Bank Account
Name: Enagic Europe GmbH
IBAN: DE64300400000180321200
SWIFT: COBADEFFXXX

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Commercial Register :
Amtsgericht Düsseldorf HRB 58900