

Enagic Payment - Automatic Payment Application for an Individual Account



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

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

Effective of 05.09.2016

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 16 24
 Monthly Payment: _____ € Installment Fee: 30 € 60 € 100 € 160 € 240 €
*Please check the Enagic-Payment Overview for details.
 Payment date: 1st / 15th Start date _____ End date _____

AUTOMATIC PAYMENT OPTIONS

I want the monthly payments to be debited automatically from my BANK ACCOUNT ("SlimPay")

* Payment option available for Eurozone Countries

BIC _____

IBAN _____

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/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 Signature _____	Alternate Payer Signature _____
Name _____	Name _____
Date _____	Date _____

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

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 Commercial Register :
 Amtsgericht Düsseldorf HRB 58900