

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 28th of August 2015

Distributor ID

Applicant Information				Alternate Payer Information			
Applicant's name				Alternate payer			
Street				Street			
Zip	City			Zip	City		
Tel	Fax			Tel	Fax		
E-Mail				E-Mail			
Occupation				Occupation			
Current Employer				Current Employer			
Street				Street			
Zip	City			Zip	City		
Tel.	Years with Employer			Tel.	Years with Employer		

PAYMENT INFORMATION

Product: Number of payments*: 3 6 10 16 24

Downpayment: € Installment Fee: 30 € 60 € 100 € 160 € 240 €

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

Payment date: 1st 15th Start date End date

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

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 write down your ID Number!

Terms & Conditions

- 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.
- 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.
- A 25€ late charge will be assessed for each missed payment.
- 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 kr

I have read the directions and agree to the terms and conditions

Applicant Signature		Alternate Payer Signature	
Name <input type="text"/>	Date <input type="text"/>	Name <input type="text"/>	Date <input type="text"/>

Commerzbank
 Name: Enagic Europe GmbH
 KTO: 180321200 BLZ: 30040000
 IBAN: DE64300400000180321200
 SWIFT: COBADEDDXXX

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 Amtsgericht Düsseldorf HRB 58900