

# 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 01.08.2017

Distributor ID

Applicant Information		Alternate Payer Information	
Applicant's name JOHN DOE		Alternate payer	
Address SAMPLE ROAD 1		Address	
Zip 12345	City LONDON	Zip	City
Country UK		Country	
Tel 12345-67890		Tel	
Mobile 12345-67891		Mobile	
E-Mail JOHN.DOE@SAMPLE.CO.UK		E-Mail	

PAYMENT INFORMATION								
Total Installment:	2880	€	Number of payments*:	3	6	10	16	24
Monthly Payment:	480.00	€	Installment Fee:	30 €	60 €	100 €	160 €	240 €
*Please check the Enagic-Payment Overview for details.								
Payment date:	1st	/	15th	Start date	01-01-2018	End date	01-06-2018	

AUTOMATIC PAYMENT OPTIONS	
<p><b>I will wire transfer the monthly payments</b> (Payment option NOT available for Eurozone Countries)                      Enagic will NOT withdraw the money automatically from your bank account.                      When you transfer your monthly payment to our account, please also <b>include your ID Number!</b></p>	
<p><b>I want the monthly payments to be debited automatically from my CREDIT CARD</b></p>	
<p><b>Credit Card Information</b></p>	<p> <input type="checkbox"/> Visa                                  <input type="checkbox"/> Mastercard                                  <input type="checkbox"/> American Express                         </p>
<p>Credit Card Number: 1234 5678 9123 4567</p>	<p>Exp. Date: 01   19    CVV 12 3</p>

TERMS & CONDITIONS	
<p>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.</p> <p>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.</p> <p>3. A 25€ late charge will be assessed for each missed payment.</p> <p>4. Please note that your file will be passed on to a collection agency in case your amount falls past due.</p>	
<p>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.</p> <p>I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge.</p> <p>I have read the directions and agree to the terms and conditions.</p>	
<p>Applicant Signature _____</p>	<p>Alternate Payer Signature _____</p>
<p>Name _____ Date _____</p>	<p>Name _____ Date _____</p>

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

Enagic Europe GmbH  
 Immermannstr. 33  
 40210 Düsseldorf Germany  
 Tel +49-(0)211-936570-00  
 Fax +49-(0)211-936570-27  
[sales@enagiceu.com](mailto:sales@enagiceu.com)

Tax-No: 133/5821/1603  
 Ust-ID No. DE814980514  
 Commercial Register :  
 Amtsgericht Düsseldorf HRB 58900