



**Enagic Payment - Automatic Payment Application for an Individual Account**

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

Effective 11th of October 2011

|   |   |  |                     |
|---|---|--|---------------------|
| Office Use Only   |   | <b>Notice to Applicants! Print clearly, use dark ink. Provide all informations requested</b>                           |                     |
| Distributor ID  | Product   |  |                     |
| Unit Price  | Installment Charge  |  |                     |
| Down Payment  |   |  |                     |
| <b>Applicants must read the directions before completing the application</b>  |   |  |                     |
| Applicant Information   |   | Alternate Payer Information  |                     |
| Applicant's name JOHN DOE   |   | Alternate payer name   |                     |
| Street SAMPLE ROAD 1  |   | Street   |                     |
| Zip 12345   | City LONDON   | Zip  | City                |
| Tel 12345-67890   | Fax 12345-67891   | Tel  | Fax                 |
| E-Mail <a href="mailto:JOHN.DOE@SAMPLE.CO.UK">JOHN.DOE@SAMPLE.CO.UK</a>   |   | E-Mail   |                     |
| Occupation SAMPLE   |   | Occupation   |                     |
| Current Employer's name SAMPLE LTD  |   | Current Employers name   |                     |
| Street SAMPLE ROAD 2  |   | Street   |                     |
| Zip 12345   | City LONDON   | Zip  | City                |
| Tel. 12345-98765  | Years with Employer 10  | Tel.   | Years with Employer |
| Monthly payment 800   | Number of payments <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 |  |                     |
| Withdrawal date <input checked="" type="checkbox"/> 1st <input type="checkbox"/> 15th   | Start date 01-11-11   | End date 01-01-12  |                     |
| <b>Credit Card Information</b>  |   | <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express |                     |
| Credit card number 1234 5678 1234 5678  | Exp. Date 01   15   | CVV 123  |                     |
| <b>Bank account (only wire transfers, enagic will not withdraw the money automatically)</b><br>Please write down also your ID Number, when you transfer your monthly payment to our account.  |   |  |                     |
| Name of bank  | Acc.  | RTN  |                     |
| <b>Directions</b>   |   |  |                     |
| 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.<br>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.<br>3. A 25€ late charge will be assessed for each missed payment.<br>4. Please note that your file will be passed on to a collection agency in case your account 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                |

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

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 Ust-ID No. DE814980514  
 Commercial Register :  
 Amtsgericht Düsseldorf HRB 58900