

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 April 2014

Distributor ID _____

Applicant Information				Alternate Payer Information			
Applicant's name				Alternate payer name			
Street				Street			
Zip	City			Zip	City		
Tel	Fax			Tel	Fax		
E-Mail				E-Mail			
Occupation				Occupation			
Current Employer's name				Current Employers name			
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:	_____ €	Interest:	30 €	60 €	100 €	160 €	240 €
*Please check the Enagic-Payment Overview for details.							
Payment date:	1st	15th	Start date	_____	End date	_____	
<p>I want the monthly payments to be debited automatically from my credit card</p> <p>Credit Card Information Visa Mastercard American Express</p> <p>Credit card number: _____ Exp. Date: _____ CVV _____</p> <p>I will wire transfer the monthly payments</p> <p>Enagic will NOT withdraw the money automatically from your bank account.</p> <p>When you transfer your monthly payment to our account, please also write down your <u>ID Number</u>!</p>							
Name of bank	Acc.		RTN				

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. 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>	

Applicant Signature _____		Alternate Payer Signature _____	
Name _____	Date _____	Name _____	Date _____

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

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