



Enagic Payment - Automatic Payment Application for an Individual Account

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

Effective 11th of October 2011

Office Use Only		Notice to Applicants! Print clearly, use dark ink. Provide all informations requested	
Distributor ID	Product		
Unit Price	Installment Charge		
Down Payment			
Applicants must read the directions before completing the application			
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
Monthly payment		Number of payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16	
Withdrawal date	<input type="checkbox"/> 1st <input type="checkbox"/> 15th	Start date _____	End date _____
Credit Card Information		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Credit card number:		Exp. Date	CVV
Bank account (only wire transfers, enagic will not withdraw the money automatically)			
Please write down also your ID Number, when you transfer your monthly payment to our account.			
Name of bank	Acc.	RTN	
Directions			
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. 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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Tax-No: 133/5821/1603
 Ust-ID No. DE814980514
 Commercial Register :
 Amtsgericht Düsseldorf HRB 58900