



Enagic Payment - Automatic Payment Application for an emGuarde

Note that Enagic requires a copy of your ID/passport for processing

fields marked with * are mandatory

Distributor ID (do not fill in)

Applicant Information

*Are you currently paying for another product using the Enagic Payment? Yes No

*Firstname, Surname

*Address *Country

*Phone # Mobile #

*E-Mail

In case of an Alternate Payer, please also fill in the Alternate Payer's Information

Firstname, Surname

Address Country

Phone # Mobile #

E-Mail

PAYMENT INFORMATION*

| | |
|----------------------------|------------------------|
| Total Installment: _____ € | Number of payments*: 6 |
| Monthly Payment: _____ € | Installment Fee: 60 € |

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

Start date of monthly payments will be one month after registration.

*PAYMENT OPTIONS (select one)

I want the monthly payments to be debited automatically from my CREDIT CARD Visa MC Amex

Credit Card No. _____ CVV _____ Valid till _____

I will wire transfer the monthly payments
 ! option ONLY available for UK, Slovakia, Cyprus, Estonia, Greece, Latvia, Lithuania, Malta, Slovenia, Norway, Switzerland
 Enagic will NOT withdraw the money automatically from your bank account.
 When you transfer your monthly payment to our account, please also include your ID Number!

TERMS & CONDITIONS

- The installment charge is not refundable.
- 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/bank account. 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's Signature | Date (DD/MM/YY) | *Alternate Payer's Signature | Date (DD/MM/YY) |
|-------------------------------|------------------------|-------------------------------------|------------------------|

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

Enagic Europe GmbH
 Charlottenstr. 73
 40210 Düsseldorf Germany
 Tel +49-(0)211-936570-00
 Fax +49-(0)211-936570-27
sales@enagiceu.com

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