



ENAGIC France
 08-10 Avenue Ledru-Rollin
 75012 PARIS - FRANCE
 (0033) (0) 147075565
france@enagiceu.com
 RCS Paris: 523 634 392

CREDIT ENAGIC

Automatic payment application

PLEASE FILL THIS DOCUMENT IN CAPITAL LETTERS AND PROVIDE ALL INFORMATION NEEDED

Effective on 1st April 2019

CLIENT/PAYER INFORMATION

ID NUMBER

4 2 _____

APPLICANT information		If needed: ALTERNATIVE PAYER information	
Complete name		Complete name	
Address		Address	
Zip	City	Zip	City
Country		Country	
Tel		Tel	
Mobile		Mobile	
E-Mail		E-Mail	

PAYMENT INFORMATION *

TOTAL AMOUNT OF CREDIT ENAGIC	_____ €	NUMBER OF PAYMENT	3	6	10	16	24 **
MONTHLY PAYMENT	_____ € / MONTH	INSTALLMENT FEES	30 €	60 €	100 €	160 €	240 €
PAYMENT DATE	1 ST	15 TH	* Please check the Credit Enagic documents for further details. ** 24 months E-payment available ONLY for the Leveluk K8				

PAYMENT OPTIONS

<input type="radio"/> AUTOMATIC DEBIT TIP SEPA	Documents to provide : RIB/bank details and ID copy (an electronic signature will be asked) ONLY available for the countries in the European zone
<input type="radio"/> CREDIT CARD *	Card type : <input type="radio"/> VISA <input type="radio"/> MASTER <input type="radio"/> AMEX (Maestro and Electron not supported) Card n° : _____ Expire : CVV : _____

* 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.

- 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.

CLIENT SIGNATURE		ALTERNATIVE PAYER SIGNATURE	
DATE	PLACE	DATE	PLACE