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# ALTERNATIVE PAYER

Information document for payment

**PLEASE FILL THIS DOCUMENT IN CAPITAL LETTERS AND PROVIDE ALL INFORMATIONS NEEDED**

**PAYER :**

I, hereby :

<b>COMPLETE NAME</b> PAYER		<b>DISTRIBUTOR ID</b> PAYER (IF NEEDED)	
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Confirm with this letter the payment of an amount : \_\_\_\_\_ for :

<b>AMOUNT OF MONEY PAID</b>	_____ €	<b>PAYMENT METHOD CHOSEN</b>	
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For the order of :

<b>CLIENT FULL NAME</b>	
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For the product :

<b>PRODUCT BOUGHT</b>	
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I declare myself as an alternative payer for this order, whether the product purchased is partially or totally paid for by the funds I have paid.

If I am an Independent Distributor of Enagic, I certify that I have applied NO DISCOUNT on the price of the product ordered by my customer, and, so, have received from this customer the equal amount of the payment made to Enagic Europe GmbH.

**CLIENT :**

I certify that the above details are accurate.

If my alternative payer is an Independent Distributor Enagic, I certify that I have been informed of the total price of my product and the payment to be made to Enagic Europe GmbH, as notified on the order form. Therefore, I certify that the amount paid by my alternative payer is equal to the amount that I give him and that NO REDUCTION has been proposed to me.

<b>CLIENT SIGNATURE</b>		<b>ALTERNATIVE PAYER SIGNATURE</b>	
DATE	PLACE	DATE	PLACE