



**ENAGIC Europe GmbH**  
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# ALTERNATIVE PAYER

Information Document for Payment

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

**PAYER:**

<b>COMPLETE NAME</b> PAYER		<b>DISTRIBUTOR ID</b> PAYER (IF APPLICABLE)	
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I confirm with this letter the payment of: \_\_\_\_\_ via:

<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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Under:

<b>CARD DETAILS</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, therefore, have received from this customer the equal amount of the payment I made to Enagic Europe GmbH.

**CLIENT :**

- I certify that the above details are accurate.
- If my alternative payer is an Independent Distributor of 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>ALTERNATIVE PAYER SIGNATURE</b>		<b>CLIENT SIGNATURE</b>	
DATE	PLACE	DATE	PLACE

\*Enagic Europe GmbH reserves the right to decline the alternative payer application without stating reasons\*