



# UKON ORDER FORM

受付 \_\_\_\_\_

Please write in BLOCK letters! fields marked with \* are mandatory

ID-Number (Do not fill in)

\*Register Applicant as: User / Distributor - signed **Distributor Agreement** required

\*Firstname, Surname / Company's name

\*Date of birth

\*Street

\*Zip code

\*City

\*Country

Alternative Shipping adress

\*Phone #

Mobile #

\*E-Mail

VAT-number

**\*Please select Program and Product:**

### Ukon Sigma New

1600 € excl. VAT

A - Ukon x 30 Boxes

B - Ukon Tea x 60 Boxes

C - Ukon x 20 Boxes + Tea x 20 Boxes

### Ukon DD Autoship Program (see General Conditions for details)

620 € (excl. VAT) per shipment

E8PA: 560 € (excl. VAT) p. ship.

A - Ukon 10 Boxes

B - Ukon Tea 20 Boxes

C - Ukon 5 Boxes + Tea 10 Boxes

**subscription:  
min. 3 shipments**

### Full payment

(for ukon DD and Sigma New FullPayment)

Product Price

VAT %\*

Shipping\*\*

**Total**

For E-Payment Customers (**only applicable for Ukon Sigma New**)

(E-Payment Application and Photo ID required!)

Product Price

VAT %\*

Installment Fee

Shipping\*\*

**Total**

Down Payment:

installments/month  3 months (30€)  6 months (60€)  10 months (100€)

Contact our office to know  
the VAT% of your country

\*\*Shipping Extra: for **Sigma New**: DE: 8 €, EU: 34 €, Norway/Switzerland: 44 €, **Malta/Cyprus/Greek islands** 90 € (per shipment)  
for **Autoship DD**: DE: 6 €, EU: 22 €, Norway/Switzerland: 30 €, **Malta/Cyprus/Greek islands** 60 € (per shipment)

\*Payment method:

Visa

MC

Amex

Wire Transfer

Credit Card No.

CVV

Valid till

Upon cancellation within 14 days of delivery and return of unused product to Enagic, you will receive a full refund (excl. shipping costs)

I certify that I have read, understand and agree to the terms set forth in the **Policies and Procedures** (accessible on enagiceu.com)

I have read and accepted the **privacy** and **cancellation information** set out in the **General Conditions**.

\*Applicant's Signature

Date (DD/MM/YY)

**\*SPONSOR AND ENROLLER INFORMATION** (only both required if different IDs)

Sponsor Name

Enroller Name

Sponsor ID

Enroller ID

Register Applicant in Sponsor's [ ] A line

E-Mail

\*Enroller's Signature (equals Sponsor's Signature if same person)

Date (DD/MM/YY)

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

Enagic Europe GmbH  
Immermannstr. 33  
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Tax-No: 133/5821/1603  
Ust-ID No. DE814980514  
Commercial Register :  
Amtsgericht Düsseldorf HRB 58900