

Enagic Payment - Automatic Payment Application for an Ukon Σ Account



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

Please print clearly, use dark ink. Provide all informations requested.

Effective of 27.04.2018

Distributor ID _____

| Applicant Information | | Alternate Payer Information | |
|-----------------------|------|-----------------------------|------|
| Applicant's name | | Alternate payer | |
| Address | | Address | |
| Zip | City | Zip | City |
| Country | | Country | |
| Tel | | Tel | |
| Mobile | | Mobile | |
| E-Mail | | E-Mail | |

| PAYMENT INFORMATION | |
|--|--|
| Total Installment: _____ € | Number of payments*: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 |
| Monthly Payment: _____ € | Installment Fee: 30 € 60 € 100 € |
| *Please check the Enagic-Payment Overview for details. | |
| Start date of monthly payments will be one month after registration. | |

| AUTOMATIC PAYMENT OPTIONS |
|---|
| <input type="checkbox"/> I will wire transfer the monthly payments 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! |
| <input type="checkbox"/> I want the monthly payments to be debited automatically from my CREDIT CARD Credit Card Information <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Credit Card Number: _____ Exp. Date: _____ CVV _____ |

| TERMS & CONDITIONS | | | | | | |
|--|---------------------------------|---------------------------------|------------|------------|------------|------------|
| 1. Although it is possible to alter the number of payments, the installment charge is not refundable. You will also be charged the difference in the amount of the installment charge if you change to a longer payment plan. 2. 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. 3. A 25€ late charge will be assessed for each missed payment. 4. 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. 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. | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Applicant Signature _____</td> <td style="width: 50%; border-bottom: 1px solid black;">Alternate Payer Signature _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name _____</td> <td style="border-bottom: 1px solid black;">Name _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date _____</td> <td style="border-bottom: 1px solid black;">Date _____</td> </tr> </table> | Applicant Signature _____ | Alternate Payer Signature _____ | Name _____ | Name _____ | Date _____ | Date _____ |
| Applicant Signature _____ | Alternate Payer Signature _____ | | | | | |
| Name _____ | Name _____ | | | | | |
| Date _____ | Date _____ | | | | | |

Bank Account
 Name: Enagic Europe GmbH
 IBAN: DE64300400000180321200
 SWIFT: COBADEFFXXX

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 Fax +49-(0)211-936570-27
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 Ust-ID No. DE814980514
 Commercial Register :
 Amtsgericht Düsseldorf HRB 58900