

Enagic Payment - Automatic Payment Application for an Individual Account

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	Note that Enag	ic requires a copy of your ID/passport for processing	
Enagic	Valid from 01 January 2023	fields marked with * are mandatory	Distributor ID (do not fi

Applicant Information							
*Are you currently paying for another p	roduct using the E	nagic Payment?		Yes	No		
*Firstnama Cumama							
*Firstname, Surname							
*Address					*Country		
Address					Country		
*Phone #			Mobile #				
Thore ii							
*E-Mail							
In case of an Alternate Payer, please als	o fill in the Altern	ate Payer's Info	rmation				
Firstname, Surname							
Address					Country		
Phone #			Mobile #				
E-Mail PAYMENT INFORMATION*	Number of no	monts1.	2	40	1.6 2.4		
	Number of pay	ease check the Enagi	3 6 c-Pavment O	10 verview for det	<u>16 24</u> ails.		
	C		-	5th of the m			
Monthly Payment:	_		1st / 1				
Instalment Fee:	€ Sta	rt date		End	date		
*PAYMENT OPTIONS (select one)							
TATMENT OF HORS (select one)							
I want the monthly payments to	be debited auton	natically from m	y CREDIT (CARD	Visa	MC	Amex
i i	;						
Credit Card No.			CV		Valid		
I will wire transfer the monthly	ayments				Valle		
! option ONLY available for UK, Slovak	•	Greece. Latvia. Lith	nuania. Mal	ta. Slovenia. N	Jorway, Switze	erland	
				,,	,		
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!							
, , , , ,							
The below option is only available for pavina Kanaen Water machines. not for Ukon Siama! I want the monthly payments to be debited automatically from my BANK ACCOUNT ("SlimPay")							
! option ONLY available for Austria, Be		-	-			Spain	
BIC				a ,	,	1	
IBAN							
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 asessed for each miss	sed 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/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.

*Applicant's Signature	Date (DD/MM/YY)	*Alternate Payer's Signature	Date (DD/MM/YY)

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