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:

COMPLETE NAME PAYER		**DISTRIBUTOR ID** PAYER (IF APPLICABLE)	

EMAIL ADDRESS	

I confirm with this letter the payment of: via:

AMOUNT OF MONEY PAID	_____€	**METHOD**	

For the order of:

CLIENT FULL NAME	

☐ 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.

ALTERNATIVE PAYER SIGNATURE		**CLIENT SIGNATURE**	
DATE	PLACE	DATE	PLACE

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