Enagic Payment - Automatic Payment Application for an Individual Account

Note that Enagic requires a copy of your ID/passport for processing

fields marked with * are mandatory

Distributor ID (do not fill in)

Applicant Information

*Are you currently paying for another product using the Enagic Payment? ◯ Yes ◯ No

*Firstname, Surname

*Address *Country

*Phone # Mobile #

*E-Mail

In case of an Alternate Payer, please also fill in the Alternate Payer's Information

Firstname, Surname Start date of monthly payments will be one month after registration.

Address Country

Phone # Mobile #

E-Mail

PAYMENT INFORMATION*

Number of payments[1]: ◯ 3 ◯ 6 ◯ 10 ◯ 16 ◯ 24

Total Instalment: _____ €

Monthly Payment: _____ €

Instalment Fee: _____ €

[1]Please check the Enagic-Payment Overview for details.

Payment date: ◯ 1st / ◯ 15th of the month

Start date _____ End date _____

*PAYMENT OPTIONS (select one)

◯ **I want to pay from my CREDIT CARD (Enagic will send 3D Secure (3DS) payment link)** ◯ Visa ◯ MC ◯ Amex

◯ **I will wire transfer the monthly payments**

! Please arrange a Standing Order / Recurring Transfer through your personal bank account.
Once the setup is completed, please submit proof of the standing order setup (such as a screenshot or bank confirmation document) to finance@enagiceu.com for verification.

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!**

◯ **I want the monthly payments to be debited automatically from my BANK ACCOUNT ("SlimPay")**

BIC

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 asessed 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 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/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

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