



Enagic Payment - Automatic Payment Application for an Individual Account

Important! Platesti in prezent alt aparat folosind imprumut de la Enagic?

Da / Nu

Effective 11th of October 2011

Office Use Only		Notice to Applicants! Print clearly, use dark ink. Provide all informations requested		
Distributor ID	Product			
Unit Price	Installment Charge			
Down Payment				
Aplicantii trebuie sa citeasca instructiunile inainte sa completeze aplicatia!				
Applicant Information/Informatia Aplicantului		Alternate Payer Information		
Name/Numele		Alternate payer name		
Str/Strada		Street		
Cod	Loc	Zip	City	
Tel	Fax	Tel	Fax	
E-Mail		E-Mail		
Occupation		Occupation		
Numele Firmei:		Current Employers name		
Adresa:		Street		
Cod	Loc:	Zip	City	
Tel.	Ani lucrati al firma:	Tel.	Years with Employer	
Monthly pmt/Rata lunara:		Nr Pmts/Nr de Rate: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16		
Data Platii: <input type="checkbox"/>	1st <input type="checkbox"/>	15th	Data Primei Rate: <input type="checkbox"/>	UltimaRata: <input type="checkbox"/>
Informatia Cartii de Credit:		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express		
Nr Cartii de Credit:		Expira:	CVV	
Bank account (only wire transfers, enagic will not withdraw the money automatically)				
Please write down also your ID Number, when you transfer your monthly payment to our account.				
Numele Bancii:		Cont:	IBAN:	
Directions				
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				
Semanatura Aplicantului:		Alternate Payer Signature		
Numere:	Data:	Name	Date	

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

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Commercial Register :
Amtsgericht Düsseldorf HRB 58900