

# Product Order Form



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Distributor ID

An application must be filled out completely and filed with the office.  
 Applicant Information:

Passport No. \_\_\_\_\_ Application Date (DD/MM/YY) \_\_\_\_\_

Applicant Name(last, First, Middle Initial) or company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Date of Birth(DD/MM/YY) \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_ \* VAT(Ust.) ID No. \_\_\_\_\_

Bank Information

Name of the Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Branch \_\_\_\_\_ Routing No. \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Sponsor Information:

Sponsor Name \_\_\_\_\_

Register the applicant as [ ] A \_\_\_\_\_

Phone No. \_\_\_\_\_ Distributor ID No. \_\_\_\_\_

\* Applicant Status  
 Registration as a Distributor       Registration as a Consumer

Product Order	Unit Price	EURO	Sales Tax	EURO	Shipping	EURO	Total	EURO	Payment Method
<input checked="" type="checkbox"/> LevelLuk SD501	EURO 2,780								<input type="checkbox"/> Cash
<input type="checkbox"/> LevelLuk DXII	EURO 2,280								<input type="checkbox"/> Credit Card
<input type="checkbox"/> Anespa	EURO 1,680								VISA · MC · AMEX
<input type="checkbox"/> 2-stage Filter	EURO 50								<input type="checkbox"/> EC
* all products prices excl. VAT									<input type="checkbox"/> Others

Credit Card Information  VISA  MC  AMEX

Credit Card No. \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

\* We fully understand and accept all the General terms and Conditions as attached provided by Enagic.

Applicant Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_  
 Sponsor Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_