

Product Order Form



Enagic Europe GmbH
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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

LevelLuk SD501 **EURO 2,780**

LevelLuk DXII **EURO 2,280**

Anespa **EURO 1,680**

2-stage Filter **EURO 50**

*** all products prices excl. VAT**

Unit Price EURO

Sales Tax EURO

Shipping EURO

Total EURO

Payment Method

Cash

Credit Card

VISA · MC · AMEX

EC

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) _____