



Enagic Order number (for staff only)

Product Order Form

Valid from March 1, 2023

fields marked with * are mandatory

Please write in BLOCK letters!

ID-number (do not fill in)

*Register Applicant as: User Distributor - **signed Distributor Agreement and Photo ID required**

*Firstname, Surname / Company's name *Date of birth DD/MM/YYYY

*Street

*Zip code *City *Country

Shipping address and c/o Name of Receiver
(if different from Billing address)

*Phone # Mobile #

*E-Mail VAT-number (for companies)

*Please select:	Price excl. VAT:	Price
<input type="checkbox"/> Leveluk K-8	EURO 4200
<input type="checkbox"/> LeveLuk SD501 Plt.	EURO 3500	VAT
<input type="checkbox"/> LeveLuk SD501	EURO 3280	Shipping*
<input type="checkbox"/> LeveLuk JR IV	EURO 2700	Ext. Warranty
<input type="checkbox"/> Anespa DX	EURO 2600	(optional)
		Total

For E-Payment Customers
E-Payment Application & Photo ID required!

Instalment Fee 30 60 100
in Euro 160 240

Downpayment

If delivered to a non-EU country, additional customs duties or taxes may have to be paid by the customer to the authorities responsible there. The customer is advised to ask the customs or tax authorities for details before ordering.

*Shipping: DE: 8€, EU: 34 €, GBR/NOR/CHE: 47 €
K8: DE: 12€, EU: 44€, GBR/NOR/CHE: 57€

*Payment method: Wire Transfer Visa MC Amex

Credit Card No. CVV Valid till

Upon cancellation within 14 days of delivery and return of unused product to Enagic, you will receive a full refund (excl. shipping costs)
I certify that I have read, understand and agree to the terms set forth in the **Policies and Procedures** (accessible on enagiceu.com)
I have read and accepted the **privacy** and **cancellation information** set out in the **General Conditions**.

*Applicant's Signature Date (DD/MM/YY)

*** SPONSOR AND ENROLLER INFORMATION (only both required if different IDs)**

Sponsor Name	Enroller Name
Sponsor ID	Enroller ID
Register Applicant in Sponsor's [] A line	E-Mail

*Enroller's Signature (equals Sponsor's Signature if same person) Date (DD/MM/YY)

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

Enagic Europe GmbH
Immermannstr. 33
40210 Düsseldorf Germany
Tel +49-(0)211-936570-00
Fax +49-(0)211-936570-27
sales@enagiceu.com

Tax-No: 133/5821/1603
Ust-ID No. DE814980514
Commercial Register :
Amtsgericht Düsseldorf HRB 58900



Enagic Europe GmbH
 Immermannstr. 33
 40210 Düsseldorf
 Germany
 Tel. +49-(0)211-93657000
 Fax +49-(0)211-93657027

Between the undersigned:

ENAGIC Europe GmbH, whose registered office is at Immermannstraße 33, 40210 Düsseldorf, under the trade register number HRB 58900 at the Amtsgericht Düsseldorf;

Hereinafter "ENAGIC"

and

"The Distributor"

Mr Mrs Ms Distributor ID (filled in by Enagic): _____

Last Name of Distributor: _____ Tel.: _____

First Name(s): _____ Mobile: _____

Date of Birth: ____/____/____ Email address: _____

If distributorship* is in the name of a company registered with the Trade Register:

Registration date: ____/____/____ Place of Trade Register: _____

Company Name: _____

Intra-Community VAT-Number: _____

***Company Owner must be the same person as the Distributor.**

I have read the whole of this contract (recto / verso) and have recognized the complementing documents, including the compensation plan and the Policies and Procedures. These complementing documents are part of the contract. I agree to not making medical, curative or treatment claims regarding ENAGIC products.

I authorise the publication of my photograph on the ENAGIC Website and on other ENAGIC publications.

This contract must first be accepted by ENAGIC, it will take effect on the date of transmission of the Distributor identification (ID) number.

ENAGIC Europe GmbH
Düsseldorf, the _____
 (Date)

Distributor _____

 (Place) (Date)