

Product Order Form



Enagic Europe GmbH
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An application must be filled out completely and filed with the office.

Distributor ID

Applicant Information:

Passport or Driving Licence No.

Application Date (DD/MM/YY)

Applicant Name (First, Last, Middle Initial) or Company Name

Mailing Address

Second Line of Address

City

County / Province

ZIP / Postal code

Country

Shipping Address

City

County / Province

ZIP / Postal code

Country

Email Address

Phone No.

Fax No.

Date of Birth (DD/MM/YY)

Mobile No.

* VAT (Ust.) ID No.

Banking Information

Name of the Bank

Account No.

Name of Branch

Routing / SWIFT / BIC

Account Holder's Name

IBAN

Sponsor Information

Blue City Kft.

Sponsor Name

Register the applicant as [1] A

+36209911444

Phone No.

4038506

Distributor ID No.

*** Applicant Status**

Registration as a Distributor

Registration as a Consumer

Product Order

Leveluk SD501 **EURO 2,780**

Unit Price € 2,780.00

Shipping € 34.00

*** all product prices excl. VAT**

Total netto: € 2,814.00

Payment Method

Cash

Credit Card

VISA · MC · AMEX

Electronic Check

Others Wire transfer

Credit Card Information

VISA

MC

AMEX

Credit Card No.

Expiry Date (MM/YY)

Security Code

Card Holders Name

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

Applicant Signature

Date (DD/MM/YY)

Sponsor Signature

Date (DD/MM/YY)