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ALTERNATE PAYER FORM

(Purchaser's Name and Distributor ID if the Purchaser is not the Applicant)

I'm _____ ID# _____, am paying for
_____ (The buyer), in the amount of _____.

Alternate Payer's Signature

Date

Address _____

City, State & Zip _____

Telephone No _____

Paid By

☐ Credit Card #: _____

Type: ☐ VISA ☐ MASTER ☐ JCB

Expiration Date: _____

☐ Bank Transfer

Bank Name: _____

Branch: _____

Transfer to Enagic (Thailand)'s account ~~709-2-52606-7~~ [Kasikorn Bank]

For Total: _____ THB on date _____

☐ Pay via Western Union or other money exchange services

Service Name: _____

Pay to Enagic (Thailand)'s account ~~709-2-52606-7~~ [Kasikorn Bank]

For Total: _____ THB on date _____