



Enagic®

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ALTERNATE PAYER FORM

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

I'm _____ Enagic 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 , etc.) : _____

Expiration Date : _____

CVV number : _____

* CVV number – 3-digit code on back of card for VISA and Master Card or 4-digit code on front of American Express cards.