



16F A.T. Yuchengco Centre, 26th and 25th Streets BGC, Taguig City,

Tel: (632)8519-5508 Fax: (632)8808-3885

## MAIL ORDER / TELEPHONE ORDER FORM

I,	authorize E	NAGIC PHILIPPINES I	INC. to charge my credit card
the amount of		(PHP	) representing payment
for the purchase of (specif	y product name)	<u>.</u>	
CHARGE ORDER TYPE:	For own account	Alternate Payor	For:
Visa	Master 12 months	JCB 24 months	America Ex Others
Straight			
•	onths installment only	for Metro Bank, BD(	) credit card)
Credit Card Number			
Bank Name:			
Expiration Date (DD/MM		/	
Contact Number:*Please bring at least tw	vo (2) Philippine gove	rnment IDs with sign	ature and the front
photocopy of your cre		_	
updated. I authorized and application. I hereby understand that Er	consent Enagic Philipp nagic Philippines, Inc. re icy Act of 2012 (RA 1 y posted on Enag	sines, Inc. to collect in espects and is committe 0173) and agree to gic Philippines, Inc	9
as contained in this form. In or for the benefit of a third p	the event of dispute ar party, the Company reso red and indemnify and h	ising from the usage o erves the right to take oold harmless the Com	ges incurred on my credit card f my credit card on my account necessary actions to recover the pany for any claims, damages, rder.
By signing below, I acknowl outlined in this form.	edge that I have read, u	nderstand, and agree	to the terms and conditions
Signature of the Credit Card		Date (DD	D/MM/YY)