



ALTERNATE PAYER FORM

I, _____ ID # _____, am paying for

(the buyer), in the amount of
\$_____.

Alternate Payer's Signature

Date

Address

City, State & Zip

Telephone & Fax

EMAIL ADDRESS

Credit Card:

For security purposes, we will send you a link to add credit card information.
The link will be sent to the email address you provided on this application.
Please make sure it is written clearly to avoid any delays.

Email completed form to cod@enagic.com