



Enagic India Kangen Water Pvt. Ltd

CIN - U41000KA2015PTC136310

Unit No 501, 5th Floor Barton Centre No 84 MG Road Bangalore Karnataka -560001
Corp. Office: The Millenia Tower B, 4th Floor, Unit 401 No. 1 & 2, Murphy Road, Ulsoor, Bangalore 560-008. India

www.enagic.co.in | Ph: 080 46509900 | Fax: 080 46509908

PRODUCT PURCHASE ORDER FORM

NOTE: Please Complete this Purchase order form to purchase products of Enagic India Kangen Water Private Limited (hereinafter 'Enagic India' or 'Company'). Applicant must be 18 years of age or above. All sections are mandatory unless otherwise indicated.

Customer ID#
for office use only

For office use only

PRINCIPAL INFORMATION

Please tick one your category (✓)

Individual

Sole Proprietorship

Partnership Firm

Private Limited Company

Others (Please provide details)

Kindly give name of the legal entity (the Entity) formed solely to complete this preferred customer application form

Name

First Name

Middle Name

Last Name

Residency Status (only applicable to individual applicants)

Citizen of and resident in India

Date of Birth

DD

MM

YYYY

Gender

Male

Female

Other

GSTIN NO

SHIPPING ADDRESS DETAILS - Please provide details below OR PICK-UP - Agreed to collect within 3 working days

Please provide your complete postal address with pin code and attach a valid address proof along with this application form. Your application will be rejected without valid address proof.

Mailing Address

City / Town / Village (Mandatory)

Post office (In case of village, Mandatory) District

PIN Code (Mandatory) State (Mandatory) Mobile No. (Mandatory)

E-mail address: (Mandatory)

Photo Identity Proof (Attach photocopy)

Election Card Driving License Passport UID / Aadhar Card Any other

PRODUCTS OFFERED

Please check product availability before submitting Purchase Order Form

PRODUCTS [please tick <input type="checkbox"/> (✓)]	SERIAL NO. (office use only)	UNIT PRICE (INR) (Inclusive of GST) (✓)
<input type="checkbox"/> LEVELUK JRIV		₹. 2,18,000.00 <input type="checkbox"/>
<input type="checkbox"/> LEVELUK ANESPA DX		₹. 2,00,000.00 <input type="checkbox"/>
<input type="checkbox"/> LEVELUK SD501		₹. 2,77,000.00 <input type="checkbox"/>
<input type="checkbox"/> LEVELUK SD501 PLATINUM		₹. 2,97,000.00 <input type="checkbox"/>
<input type="checkbox"/> LEVELUK K8		₹. 3,43,000.00 <input type="checkbox"/>
<input type="checkbox"/> LEVELUK SUPER 501		₹. 3,97,000.00 <input type="checkbox"/>

SHIPPING CHARGES

Please do check Statutory Form requirement of your state with service/customer desk before proceeding your shipment

ZONE	ZONE CLASSIFICATION	*FOR SUPER 501	FOR OTHER PRODUCTS ONLY
SOUTH	AP, Telangana, Karnataka, Pondicherry, Kerala, Tamilnadu	<input type="checkbox"/> 3000	<input type="checkbox"/> 1100
WEST	Gujarat, Goa, Maharashtra, Madhya Pradesh, Chhattisgarh	<input type="checkbox"/> 3000	<input type="checkbox"/> 1500
NORTH	Chandigarh, Delhi, Haryana, Himachal Pradesh, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand	<input type="checkbox"/> 3000	<input type="checkbox"/> 2000
EAST	Bihar, Jharkhand, Orissa, West Bengal	<input type="checkbox"/> 3000	<input type="checkbox"/> 2000
NORTH EAST	Arunachal Pradesh, Assam, Manipur, Tripura, Meghalaya, Mizoram, Nagaland, Sikkim	<input type="checkbox"/> 3000	<input type="checkbox"/> 2000
J&K	Jammu and Kashmir	<input type="checkbox"/> 3000	<input type="checkbox"/> 3000
Portabliar	Andaman & Nicobar Island / Special Destination	<input type="checkbox"/> 3000	<input type="checkbox"/> 2000

Note - Shipments will be connected to their respective Zone's through any available courier companies like (Spice Jet, Bluedart, Maruti Courier, and others).

PAYMENT METHOD

CHEQUE NO: _____
CHEQUE DEPOSIT DATE: _____ BANK: _____

CREDIT CARD (single payment)

CREDIT CARD-INSTALLMENT: [] Month/Bank Name: _____

NEFT RTGS IMPS

Enagic Instalment Plan/NACH- 10 Months 20 Months

*KINDLY SHARE ACKNOWLEDGEMENT COPY OF PAYMENT AND REFERENCE NUMBER

FOR OFFICE USE ONLY

UNIT PRICE : ₹. _____

GST % : ₹. _____

SHIPPING : ₹. _____

TOTAL : ₹. _____

Received by: Name: _____

Application Date: / /

APPLICANT'S SIGNATURE: _____

DATE: / /