

\*\*\*\*for office use only\*\*\*\*

Control No. \_\_\_\_\_



Enagic Phils., Inc.

Unit 3-4 16F RCBC Corp. Savings Bank Bldg. 26<sup>th</sup> & 25<sup>th</sup> St. BGC, Taguig City

TEL: (632)519-5508 FAX: (632) 519-1923

## PAYMENT FORM

Payee Name			Date
Method of Payment			Amount to be paid:
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	
Payment Details			
Distributor Name: _____		Distributor ID: _____	
Particulars			
Paid by: Name & Signature _____		Received by: Name & Signature _____	