

ALTERNATE PAYER FORM

l,	ID #	, am paying for
	(the buyer	r), in the amount of
NGN		
Alternate Payer's Signature	Date	
Address		
City, State & Zip		
Telephone		
EMAIL ADDRESS		
Bank Transfer:		
Please provide a copy of the rem	ittance confirmation toget	her.
Email completed form to sales@	enagic.ng	