

Enagic USA, Inc.
 Headquarters
 4115 Spencer St
 Torrance, CA 90505
 Phone: (310) 542-7700
 FAX: (310) 542-1700

Distributor Agreement & Product Order Form



 Distributor ID Number

Applicant Information

 State Driver's License Number Expiration Date Male Female _____
 Application Date (MM/DD/YY)

Applicant Name (First, Middle Initial, Last) or Company Name

 Address City State Zip Code

 Phone Number Fax Number Date of Birth (MM/DD/YY)

Shipping Address

 City State Zip Code

 E-Mail Address

Sponsor Information

Sponsor Name

Register the applicant as A _____
 Phone Number Distributor ID Number

Product Order

Product _____	Handling _____	Ext. Warr. _____	Monthly Pymnt. _____	Sales _____
Unit Price \$ _____	Sales Tax _____	Other _____	CC Four Digits _____	S. Sup. _____
<input type="checkbox"/> Single Payment	Shipping _____	Deposit _____	Check Number _____	Acct. _____
<input type="checkbox"/> Enagic Payment	Shipping Ins. _____	D.P.Total _____	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Ship	Comm. _____
<input type="checkbox"/> Other				

Office Use: E.P.S. 3 6 10 16 VISA MC AMEX. DISC. Initials

Credit Card Information

VISA MASTER CARD AMEX DISCOVER OTHER

 Expiration Date

 Card Holder's Name (First, Middle Initial, Last)

6A Support

 Distributor ID Number Print Name (6A) Signature (6A) Date

I, the applicant, certify that I have read, understood, and agreed to the Terms and Conditions set forth in the following documents which comprise the Contract: the Distributor Agreement, the Sales Contract, Policies and Procedures, Compensation Plan and the Products. I am of legal age in my state of residence. I agree that any false or misleading statement may result in the termination or denial of registration as an Enagic Distributor. I understand that the financial reward will come from sales of the products and not by recruiting people. I, the sponsor have explained to the applicant all relevant information which the applicant should know prior to sign up. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic in causing the customer to honor their payment obligation. At the very least, I agree to contact the customer in person or by telephone no less that three times to request that the customer make payments as required in the customer contract.

 Applicant Signature

 Date

 Sponsor Signature

 Date