



DATE: / /
MM DD YY

CANCELLATION OF GOOD SAMARITAN (TOKUREI) STATUS

I, _____, REQUEST THE CANCELLATION OF MY GOOD SAMARITAN (TOKUREI) ACCOUNT IN ORDER TO BECOME A FULL STATUS DISTRIBUTOR OF ENAGIC.USA.

DISTRIBUTOR ID NUMBER _____

PRINT YOUR NAME _____

*****The balance of the Good Samaritan/Tokurei must be paid in full.**

<u>PAYMENT CALCULATION</u>		<u>PAYMENT METHOD</u>
MACHINE:	_____	● CASHIERS CHECK
UNIT PRICE:	\$ _____	● PERSONAL CHECK
STATE TAX:	\$ _____	● MONEY ORDER
SHIPPING:	\$ _____	● CREDIT CARD
TOTAL AMOUNT:	\$ _____	CC# _____
SALES BASED CREDIT:	\$ _____	EXP _____ CVV _____
FINAL AMOUNT:	\$ _____	NAME _____

<u>SHIPPING INFORMATION</u>		
STREET _____	CITY _____	
STATE _____	ZIP CODE _____	PHONE NUMBER _____