

Enagic USA, Inc.

Product Order Form & Distributor Agreement



Headquarters

4115 Spencer St., Torrance, CA 90503

Phone: (310) 542-7700 / FAX: (310) 542-1700

Toll Free: (866) 261-9500 / cc@enagic.com

DO NOT FILL IN

Distributor ID # <do not fill in>

Applicant Information

JON DOE

9 / 1 / 08

Application Date

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

4115 SPENCER ST, TORRANCE, CA 90503

Address

(310) 542-7700

City

(310) 542-1700

State

Zip Code

Phone Number

(310) 542-7700

Fax Number

CC@ENAGIC.COM

Cell Number

SAME AS ABOVE

Email Address

Alternate shipping address

City

State

Zip Code

Sponsor Information

CALL CENTER

Sponsor Name

Register the applicant as [**1**] A **(310) 532-9000**

70000000

Phone Number

Distributor ID Number

ITEM ORDERED
(SD501, Sunus, etc)
SD501

Single Payment

PAYMENT METHOD

Sales _____

\$ _____ + _____ + _____ = \$ _____
Unit Price Tax Shipping Total

Enagic Payment < ** Enagic Payment System Application required! ** >

Product Retail Price

\$ 3,980

3mo

6 mo

10mo

16mo

\$ **160** + **DO NOT FILL** + **680** = \$ _____
Handling Tax Shipping Down Total Down

Credit Card Information

Visa

Master Card

Amex

Discover

No Diner's cards

3298-1450-0451-687

1234

09 / 09

Card Number

CVV #

Expiration Date

JON DOE

Card Holder's Name (First, Middle Initial, Last) < ** If different from applicant, Alternate Payer signature required! ** >

6A Support < ** 6A Close documentation required! ** >

ONLY FILL OUT IF 6A ACTUALLY CLOSED THE SALE

Sponsor ID Number

Print Name(Sponsor)

Signature(Sponsor)

Date

AND ATTACH 6A SUPPORT FORM IF 6A

6A ID number

Print Name(6A)

Signature(6A)

Date

Alternate Payer

FILL OUT IF CREDIT CARD NAME DOESN'T MATCH APPLICANT NAME

Distributor ID Number

Print Name

Signature(Sponsor or Buyer)

Date

Alternate Pick-Up

FILL OUT IF SOMEONE ELSE IS PICKING-UP THE MACHINE

Distributor Driver's License Number

Print Name

Signature(Sponsor or Buyer)

Date

I certify that I have read, understand and agree 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 and misleading statement(s) may result in the termination or denial of registration as an Enagic USA distributor. I understand that the financial reward will come from sales of products and not by recruiting people. I, the sponsor, have explained to the applicant all relevant information which the applicant should know prior to signing up. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic USA 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 than three times to request that the customer make payments as required in the customer contract.

Jon Doe
Applicant Signature

9/1/08
Date

Call Center
Sponsor Signature

9/1/08
Date

Driver's Licence State & # **CA** **D358998** **DOB** **9/1/80**

SHIP **PICKUP**

**DO NOT FORGE OR SIGN UNDER ANYONE'S PERMISSION
YOUR ACCOUNT WILL BE FROZEN**