

Enagic USA, Inc.

Headquarters

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**Product Order Form
& Distributor Agreement**



Distributor ID # <do not fill in>

Applicant Information

_____/_____/_____
 Name (First, Middle Initial, Last) or Company Name Application Date

 Driver's License # State Date of Birth

 Address City State Zip Code

 Phone Number Fax Number

 Cell Number Email Address

 Alternate shipping address City State Zip Code

Sponsor Information

 Sponsor Name

Register the applicant as [] **A**

 Phone Number Distributor ID Number

ITEM ORDERED <i>(SD501, Sunus, etc)</i>	<input type="checkbox"/> Single Payment	PAYMENT METHOD			Sales _____		
Product Retail Price	\$ _____	+	_____	+	_____	=	\$
\$ _____	Unit Price		Tax (office use)		Shipping (office)		Total
	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** >						
	<input type="checkbox"/> 3mo						
	<input type="checkbox"/> 6 mo	\$ _____	+	_____	+	_____	=
	<input type="checkbox"/> 10mo	Handling		Tax (office use)		Shipping (office)	Down
	<input type="checkbox"/> 16mo						Total Down

Credit Card Information Visa Master Card Amex Discover *No Diner's cards*

 Card Number CVV # Expiration Date

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

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

 Sponsor ID Number Print Name(Sponsor) Signature(Sponsor) Date

 6A ID number Print Name(6A) Signature(6A) Date

Alternate Payer

 Distributor ID Number Print Name Signature(Sponsor or Buyer) Date

Alternate Pick-Up

 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.

Applicant Signature Date

Sponsor Signature Date

SHIP

 PICKUP