



Enagic Canada, Corp.

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**Product Order Form
& Distributor Agreement**

Distributor ID # <do not fill in>

Applicant Information

Driver's License # _____ Social Insurance # or Federal Tax # _____ Application Date _____

Name (First, Middle Initial, Last) or Company Name _____ Date of Birth (MM/DD/YY) _____

Address _____ City _____ Province _____ Postal Code _____

Phone Number _____ Fax Number _____

Cell Number _____ Email Address _____

Alternate shipping address _____ City _____ State _____ Postal Code _____

Sponsor Information

Sponsor Name _____

Register the applicant as [] A

Phone Number _____ Distributor ID Number _____

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

Credit Card Information Credit Card Cash CK Medicaid *No Diner's cards*

Card Number Visa Master Card Amex _____ 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