

Enagic Canada Corp.

#678- 5900 No.3 Road
 Richmond, BC V6X 3P7
 TEL: (604) 214-0065 / FAX: (604) 214-0067
 Email: vancouver@enagic.com Website: www.enagic.com

USER Product Order Form



Distributor ID # <do not fill in>

Applicant Information

_____/_____/_____
 Application Date

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

 Driver's License # State Date of Birth

 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_____
	\$_____ + _____ + _____ = \$_____	GST 5% PST 7% (BC)		Shipping	Total	
Product Retail Price	<input type="checkbox"/> Enagic Payment <*** Enagic Payment System Application required! ***>					
\$_____	<input type="checkbox"/> 3mo	\$_____ + _____ + _____ + _____ = \$_____	<input type="checkbox"/> 6 mo	Handling Tax Shipping (office)	Down	Total Down
	<input type="checkbox"/> 10mo		<input type="checkbox"/> 16mo			

Credit Card Information Credit Card Cash CK Medicard *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

 Applicant Signature Date

 Sponsor Signature Date

SHIP
 PICKUP