



Enagic

ENAGIC USA

CANCELLATION OF GOOD SAMARITAN (TOKUREI STATUS)

DATE: ____/____/____

Distributor ID Number: _____
Print Name: _____ Email Address _____

I, _____, request the cancellation of my Good Samaritan (Tokurei) account in order to become a full status distributor of Enagic USA and receive my product.

Signature: _____

* If the machine selected is no longer available (discontinued), please choose a different available machine.

Machine: _____
Product Retail Price: \$ _____

Shipping Information

Street: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____

Billing Address (If different from shipping address)

Street: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____

Please select payment option:

Single Payment

\$ _____ + _____ + _____ - _____ = _____
Unit Price Tax Shipping Tokurei Sales Total
Credit

Enagic Payment *If financing is selected, customer must complete Enagic financing form *

\$ _____ + _____ + _____ + _____ - _____ = _____

Payment Information

For security purposes, we will send you a link to add credit card information. The link will be sent to the email address you provided on this application. Please make sure it is written clearly to avoid any delays.

*Enagic Automatic Payment Application for Individual account form must be completed if financing is selected.

*Please fill out alternate payer form if someone beside the applicant will be making the payment or down payment