



Sample Form

Use this Sample Product Order and Distributor Agreement Form as a reference.
All blue fields are required.

Product Order Form & Distributor Agreement

Enagic USA, Inc.

Headquarters

4115 Spencer St., Torrance, CA 90503

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

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



PRINT CLEARLY

Distributor ID # <Do NOT Fill In>

*Applicant Information

Legal Name (First, Middle Initial, Last) or Company Name Frank S. Smith			Application Date: 4 / 15 / 2010		
Driver's License # D1234567	State CA	Date of Birth 01 / 01 / 1970			
Mailing Address (must match W9) 2000 Main Street		City Los Angeles	State CA	Zip Code 90046	
Phone Number (310) 123-4000		Fax Number (310) 123-5000			
Cell Number (310) 123-6000		Email Address franksmith123@yahoo.com			
Alternate Shipping Address		City	State	Zip Code	

*Sponsor Information

Sponsor Name Daniel Lee	REGISTER THIS APPLICANT AS YOUR [1] A Under Sponsor ID Number: 7000001
Phone Number (818) 222-3456	

ITEM ORDERED	PAYMENT METHOD		Sales
SD501	<input checked="" type="checkbox"/> SINGLE PAYMENT		
	\$ 3,980	+ 388.05 + 18 = \$ 4,386.05	
	Unit Price	Tax	Shipping
Product Retail Price	<input type="checkbox"/> ENAGIC PAYMENT < **Enagic Payment System Application Required** >		
	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 10 months
	<input type="checkbox"/> 16 months		
\$ 3,980	\$	+	+
	Handling	Tax	Shipping
		Down	Total Down

*Credit Card Information ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED***			
<input checked="" type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover <small>No Diner's Cards</small>
Card Number 4000 1234 5678 9000	CVV # 111	Expiration Date 12 / 2013	
Card Holder Name (Please Print) Frank S. Smith	Card Holder Signature Frank Smith		

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 Frank Smith	Date 4 / 15 / 2010	Sponsor Signature Daniel Lee	Date 4 / 15 / 2010
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SHIP
 PICKUP