



RETURN AUTHORIZATION FORM

Enagic USA, Inc
4115 Spencer St, Torrance, CA 90503
Phone: (310)542-7700 Fax: (310) 347-4447

Distributor ID:

Buyer Information

Legal Name (First, Middle, Last) or Company Name		Date:	
Address:			
City:		State:	Zip Code:
Phone Number:		Email address:	

Sponsor Information

Legal Name (First, Middle, Last) or Company Name	Sponsor ID#
--	-------------

REASON FOR RETURN

MODEL	PRODUCT CONDITION	DAYS SINCE PURCHASE
<input type="checkbox"/> Super 501 <input type="checkbox"/> Leveluk K8 <input type="checkbox"/> Leveluk SD501P <input type="checkbox"/> Leveluk SD501 <input type="checkbox"/> Leveluk SD501U <input type="checkbox"/> Leveluk JR IV <input type="checkbox"/> Anespa DX <input type="checkbox"/> Leveluk R	<input type="checkbox"/> USED <input type="checkbox"/> NEW	<input type="checkbox"/> 7 DAYS <input type="checkbox"/> WITHIN 1 MONTH
SERIAL NUMBER		

BUYER SIGNATURE

OFFICE USE ONLY

Total paid \$ _____ - (restock /processing fee)\$ _____ - (ship)\$ _____ -(other) _____ = \$ _____							
SALES		COMMISSION		ECS		ACCOUNTING	
TOTAL REFUND		Paid/Unpaid	Deduction	Deduction		Received Amount	
\$		\$	\$	\$		\$	
Initials:	Date:	Initials	Date	Initials	Date	Initials	Date

For an American Express card, a 3.5% service fee will be applied.