



DATE: ____/____/____

CANCELLATION OF GOOD SAMARITAN (TOKUREI) STATUS

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

Distributor ID Number: _____

Print Your Name: _____

<u>Payment Calculation</u>	<u>Payment Method</u>	<u>Payment</u>
Machine: _____	CC#: _____	Full
Unit Price: \$ _____	EXP: _____ CW: _____	<input type="checkbox"/>
Sales Credit: \$ _____	Name as it appears on the card: _____	Financing
	Signature: _____	<input type="checkbox"/>

<u>Term:</u>	<input type="checkbox"/> 3 Month	<input type="checkbox"/> 6 Month	<input type="checkbox"/> 10 Month	<input type="checkbox"/> 16 Month	
Payment Breakdown: \$ _____	+\$ _____	+\$ _____	+\$ _____	= \$ _____	
	(Handling)	(Tax)	(Shipping)	(Down)	(Total Down Payment)
Monthly Payment Amount: \$ _____					
Credit Balance After Down payment: \$ _____					

<u>Shipping Information</u>	
Street: _____	City: _____
State: _____	Zip Code: _____ Phone Number: _____