



Enagic USA, Inc.
Commission Department

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Torrance, CA 90503

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Email: commission@enagic.com

Compensation Research

Policy Information (NO EXCEPTIONS!!)

*Please wait 13 business days after issue date before faxing this request.

*If commission check is found to be deposited we charge a \$25.00 fee.

*If distributor received and misplaced check we charge \$25.00 reissue fee.

Date of Request: _____

Your
Distributor ID# _____

Your
Name _____

Compensation Check Information
Buyer ID# _____

Buyer
Name _____

Phone: _____

Fax: _____

E-mail: _____

Reason for Research: _____

Your Signature: _____ By Signing this form you have
understood and agreed to the policy information given above.

Important

Please make sure we have your most updated address. If you need to update your address please fill out an address change form and send it to your local sales office. Thank you.