

# User Product Order Form

**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>
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*Applicant Information			
Legal Name (First, Middle Initial, Last) or Company Name <b>JON DOE</b>			Application Date: <b>9/1/80</b>
Driver's License # <b>0358998</b>	State <b>CA</b>	Date of Birth <b>9/1/80</b>	
Mailing Address (must match W9) <b>4115 SPENCER STREET</b>		City <b>TORRANCE</b>	State <b>CA</b> Zip Code <b>90503</b>
Phone Number <b>(310) 542-7700</b>		Fax Number	
Cell Number <b>(310) 542-7700</b>		Email Address <b>CC@ENAGIC.COM</b>	
Alternate Shipping Address <b>123 ENAGIC AVE,</b>		City <b>TORRANCE</b>	State <b>CA</b> Zip Code <b>90503</b>
*Sponsor Information			
Sponsor Name <b>CALL CENTER</b>		REGISTER THIS APPLICANT AS YOUR [ <b>6</b> ] A Under Sponsor ID Number: <b>12345678</b>	
Phone Number <b>(310) 532-9000</b>			
ITEM ORDERED	PAYMENT METHOD		
<b>SUNUS</b>	<input checked="" type="checkbox"/> SINGLE PAYMENT <span style="float: right;">Sales _____</span> \$ <b>1,280</b> + <b>DO NOT FILL IN</b> = \$ <b>1,280</b> <small>Unit Price                      Tax                      Shipping                      Total</small>		
	<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 \$ _____ + _____ + _____ + _____ = \$ _____ <small>Handling                      Tax                      Shipping                      Down                      Total Down</small>		
<b>Product Retail Price</b>	<b>\$ 1,280</b>		
*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 <span style="float: right;"><small>No Diner's Cards</small></span>			
Card Number <b>1234-5678-9012-2345</b>		CVV # <b>1234</b>	Expiration Date <b>09/09</b>
Card Holder Name (Please Print) <b>JANE DOE</b>		Card Holder Signature <b>*SIGNATURE HERE</b>	
Alternate Pick-Up			
Distributor Driver's License Number	Print Name	Signature (Sponsor or Buyer)	Date
<b>IF SOMEONE ELSE IS</b>	<b>PICKING UP THE MACHINE</b>	<b>*SIGNATURE HERE</b>	<b>9/1/80</b>
*Signature			
Applicant Signature <b>*SIGNATURE HERE</b>	Date <b>9/1/80</b>	Sponsor Signature <b>*SIGNATURE HERE</b>	Date <b>9/1/80</b>

SHIP

PICKUP