

Product Order Form & Distributor Application



Enagic USA, Inc.  
Headquarters  
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Phone: (310) 542-7700 / FAX: (310) 347-4447  
Toll Free: (866) 261-9500 / goc.usa@enagic.com

Machine Single Payment

PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

\*Applicant Information

NAME

First Name or Company Name

Middle Name (or Middle Initial)

Last Name(s)

Application Date:

Are you currently an Enagic Distributor?

☐ No

☐ Yes ENAGIC ID #

Driver's License #

State

Date of Birth

Mailing Address (must match W9)

City

State

Zip Code

SS#

Phone Number

Cell Number

Fax Number

Email Address

Billing Address (if different from mailing address)

City

State

Zip Code

Shipping Address (if different from mailing address)

Phone Number

C/O

Address

City

State

Zip Code

Delivery Method

☐ Ship

Sponsor Information

Sponsor Name

Phone Number

Email address

\*Track your shipment using the tracking number provided. If more than 20 DAYS have elapsed since your purchase date, contact Enagic USA IMMEDIATELY by emailing support@enagic.com or by calling (424) 307-0005 during normal business hours. Enagic USA will not be responsible for any claims after 25 DAYS from the confirmed delivery date.

REGISTER THIS APPLICANT AS YOUR [     ] A

Under Sponsor ID Number:

ITEM ORDERED

PAYMENT AMOUNT

Product Retail Price

\$

\$

Unit Price

+

Tax

+

Shipping

=

\$

Total

\*Payment Information : CREDIT CARD

For security purposes, we will send you a link to add credit card information. The link will be sent to the email address you provided on this application. Please make sure it is written clearly to avoid any delays.

\*\*\* Please fill out Alternate Payer Form if someone beside the applicant will be making payment. \*\*\*

Note: An applicant will be able to become a distributor after paying the Tokurei Enrollment Fee.

I certify that I have been furnished a copy of, and have read, understand, and agree to the provisions in Enagic USA, Inc.'s Policies and Procedures manual, which (with any amendments or restatements furnished by Enagic USA after this date) are hereby incorporated by reference as if fully set forth herein and set forth the exclusive terms and conditions of my agreement with Enagic USA, Inc.

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize ENAGIC USA, INC to debit the amount I have indicated above from my credit card.

By signing the line below, you are acknowledging that you have read and understood the terms and conditions.

Terms and conditions are subject to change without notice. If your payment comes back for any reason, Enagic may offset the payment amount from your commissions. FOR ALTERNATE PAYERS: By signing Alternate Payer Form, you will be jointly responsible for any and all balance owing on the account. This agreement is governed by the laws of California and proper venue will be in a court of competent jurisdiction located nearest to the Company's headquarters.

Print Applicant Name (Company and Agent name if signed behalf of a company)

Print Sponsor Name (Company and Agent name if signed behalf of a company)

Applicant Signature

Date

Sponsor Signature

Date

Do Not Sell My Personal Information (For California Residents)

Change Your Water...  
Change Your Life™

Revised 12/11/2023