

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>

***Applicant Information**

Legal Name (First, Middle Initial, Last) or Company Name			Application Date:		
Driver's License #	State	Date of Birth			
Mailing Address (must match W9)			City	State	Zip Code
Phone Number			Fax Number		
Cell Number		Email Address			
Alternate Shipping Address			City	State	Zip Code

***Sponsor Information**

Sponsor Name	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>REGISTER THIS APPLICANT AS YOUR [] A</p> <p>Under Sponsor</p> <p>ID Number: _____</p> </div>
Phone Number	

ITEM ORDERED	PAYMENT METHOD
--------------	----------------

	<input type="checkbox"/> SINGLE PAYMENT Sales _____ $ \begin{array}{r} \$ \quad \quad \quad + \quad \quad \quad + \quad \quad \quad = \quad \$ \\ \text{Unit Price} \quad \quad \quad \text{Tax} \quad \quad \quad \text{Shipping} \quad \quad \quad \text{Total} \end{array} $
Product Retail Price	<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 $ \begin{array}{r} \$ \quad \quad \quad + \quad \quad \quad + \quad \quad \quad + \quad \quad \quad = \quad \$ \\ \text{Handling} \quad \quad \quad \text{Tax} \quad \quad \quad \text{Shipping} \quad \quad \quad \text{Down} \quad \quad \quad \text{Total Down} \end{array} $

Credit Card Information** **COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED*****

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <i>No Diner's Cards</i>		
Card Number	CVV #	Expiration Date
Card Holder Name (Please Print)	Card Holder Signature	

Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature (Sponsor or Buyer)	Date
-------------------------------------	------------	------------------------------	------

***Signature**

Applicant Signature	Date	Sponsor Signature	Date
---------------------	------	-------------------	------

SHIP

PICKUP