## **ENAGIC USA**





Enagic USA, Inc.

Headquarters

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PRINT CLEARLY	Distributor ID # < Do NOT Fill In>

Applicant Information									
Legal Name (First, Middle Initial, Last) or Company Name					Application Date:				
Driver's License #	Driver's License # State Date of Birth								
Mailing Address (must match W9)				City		State Zip Code			
Phone Number				Fax Number					
Cell Number	Number Email Address								
Alternate Shipping Address				City	State Zip Code				
Sponsor Information									
Sponsor Name  Phone Number			REGISTER THIS APPLICANT AS YOUR Under Sponsor ID Number:						
F HORE HARMON								<u> </u>	
ITEM ORDERED				PAYMENT METHOD					
		LE PAYME	ENT				Sales		
	\$ 	Unit Price	+	Tax + Ship	pping	_= \$	Total	_	
Product Retail Price	□ ENAGIC PAYMENT <**Enagic Payment System Application Required**>								
	□ 3 month	hs □6m	nonths. $\Box$ 10	0 months.   □ 16 month	าร. 🏻	□ 20 month	ns 🗆 24 months	;	
\$	\$	+		+		_ = _\$			
·		ndling	Tax	11. 0	own		Total Down		
Credit Card Information ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED***									
provided on this application *Track your shipment using	on. Please manning the tracking	nake sure it i ng number p ng support@	is written clearl provided. If mor @enagic.com o	re than 20 DAYS have ela or by calling (424) 307-000	ipsed : 05 dur	since your p	ourchase date, conta		
USA will not be responsib	ble for any cla	nims after 2	5 DAYS from t	he confirmed delivery date	•				
	ole for any cla	aims after 2	5 DAYS from t	he confirmed delivery date					