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*>

☒ SHIP ☐ PICKUP

*Applicant Information

Legal Name (First, Middle Initial, Last) or Company Name: JON DOE			Application Date: 9/1/80
Driver's License #: D358998	State: CA	Date of Birth: 9/1/80	
Mailing Address (must match W9): 4115 SPENCER STREET	City: TORRANCE	State: CA	Zip Code: 90503
Phone Number: (310) 542-7700	Fax Number:		
Cell Number: (310) 542-7700	Email Address: CC@ENAGIC.COM		
Alternate Shipping Address: 123 ENAGIC AVE,	City: TORRANCE	State: CA	Zip Code: 90503

*Sponsor Information

Sponsor Name: CALL CENTER

Phone Number: (310) 532-9000

REGISTER THIS APPLICANT AS YOUR [6] A
Under Sponsor
ID Number: 12345678

ITEM ORDERED	PAYMENT METHOD
SUNUS	☒ SINGLE PAYMENT — Sales ___
	$ 1,280 (Unit Price) + DO NOT FILL IN (Tax) (Shipping) = $ 1,280 (Total)
Product Retail Price	☐ ENAGIC PAYMENT <**Enagic Payment System Application Required**>
$ 1,280	☐ 3 months ☐ 6 months ☐ 10 months ☐ 16 months
	$ (Handling) + (Tax) + (Shipping) + (Down) = $ (Total Down)

*Credit Card Information

COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED

☒ Visa ☐ Master Card ☐ Amex ☐ Discover *No Diner's Cards*

Card Number: 1234-5678-9012-2345	CVV #: 1234	Expiration Date: 09/09
Card Holder Name (Please Print): JANE DOE	Card Holder Signature: *SIGNATURE HERE	

Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature (Sponsor or Buyer)	Date
IF SOMEONE ELSE IS	PICKING UP THE MACHINE	*SIGNATURE HERE	9/1/80

*Signature

Applicant Signature	Date	Sponsor Signature	Date
*SIGNATURE HERE	9/1/80	*SIGNATURE HERE	9/1/80