

Product Order Form & Distributor Application



Enagic USA, Inc.

Headquarters

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Machine Finance payment

OFFICE USE ONLY <Do NOT Fill In>

PRINT CLEARLY

*Applicant Information					
NAME	First Name or Company Name		Middle Name (or Middle Initial)		Application Date:
	Last Name(s)				Are you currently an Enagic Distributor?
Driver's License #		State	Date of Birth		<input type="checkbox"/> No
				<input type="checkbox"/> Yes ENAGIC ID #	
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		<input type="checkbox"/> Ship			
*Enroller and Sponsor Information (if applicable)					
Enroller Name		Enroller ID		Phone Number	
Sponsor Name		<input type="checkbox"/> Same as Above			
Phone Number		REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number:			
ITEM ORDERED	PAYMENT AMOUNT				
	<input type="checkbox"/> ENAGIC PAYMENT: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> 15 months <input type="checkbox"/> 16 months <input type="checkbox"/> 20 months <input type="checkbox"/> 24 months				
	\$ + + + = \$				
PRODUCT RETAIL PRICE	Handling	Tax	Shipping	Down	Total Down
\$	Employer Name	City, State,	Phone	Income	
** Please note the first payment date must be within 45 days from purchase date. Payment date must be on the 1st or 15th of each month.					
Finance Amount	Monthly Payment Amount	Withdrawal Date	First Payment Date		
\$	\$	1st / 15th			
*Payment Information : CREDIT CARD (CHECKING ACCOUNT for ENAGIC PAYMENT ONLY - Void check needed) <input type="checkbox"/>					
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.					
*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.					
*** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly payment. ***					
Note: An applicant will be able to become a distributor with the purchase of Tokurei Sales Kit. 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 bank account or credit card. The agreed payment plan above will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account for every missed payment. 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 you fail to make a monthly payment, 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 Enroller Name (Company and Agent name if signed behalf of a company)		
Applicant Signature			Enroller Signature		
Date			Date		