



Enagic USA, Inc.
Commission Department

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Torrance, CA 90503

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Compensation Research

Policy Information (NO EXCEPTIONS!!)

*Please wait 13 business days after mail date before faxing/emailing/mailling this form.

*If commission check/checks is found to be deposited we charge a \$25.00 fee each check.

*If distributor received and misplaced check/checks we charge a \$25.00 reissue fee for each check.

Date of Request: _____

Your
Distributor ID# _____

Your
Name _____

Compensation Check Information
Buyer ID# _____

Buyer
Name _____

Phone: _____

Fax: _____

E-mail: _____

Reason for Research: _____

Your Signature: _____ By Signing this form you have understood and agreed to the policy information given above.

Important

Please make sure we have your most updated address. If you need to update your address, please fill out an address change form and send it to update@enagic.com. Thank you.