

**Enagic USA, Inc.**

Headquarters

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**PRINT CLEARLY**

Distributor ID # &lt;Do NOT Fill In&gt;

**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

**\*Enroller (if applicable) and Sponsor Information**

Enroller Name

Enroller ID

Phone Number

Sponsor Name

 Same as above

REGISTER THIS APPLICANT AS YOUR [ ] A

Under Sponsor

ID Number:

**ITEM ORDERED**
**PAYMENT METHOD**
 SINGLE PAYMENT

Sales \_\_\_\_\_

 \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
 Unit Price Tax Shipping \* Total

**Product Retail Price**
 ENAGIC PAYMENT

&lt;\*\*Enagic Payment System Application Required\*\*&gt;

 All Machines  
 3 mos 6 mos 10 mos 12 mos K8 Only K8 and SD501 DX Only  
 20 mos 24 mos

\$

 \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
 Handling Tax Shipping \* Down Total Down

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

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

**Signature**

Applicant Signature

Date

Enroller Signature

Date

**Enagic charges an address correction fee for any changes made after an order has shipped or if there is an error in the address provided by the customer.**