

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

**Product Order Form
& Distributor Agreement**



Distributor ID # <do not fill in>

Applicant Information

Name (First, Middle Initial, Last) or Company Name _____ / _____ / _____
Application Date

Driver's License # _____ State _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Cell Number _____ Email Address _____

Alternate shipping address _____ City _____ State _____ Zip Code _____

Sponsor Information

Sponsor Name _____

Register the applicant as [] A

Phone Number _____ Distributor ID Number _____

ITEM ORDERED (SD501, Sunus, etc)	<input type="checkbox"/> Single Payment	PAYMENT METHOD				Sales _____
	\$ _____ + _____ + _____ = \$ _____	Unit Price	Tax (office use)	Shipping (office)	Total	
Product Retail Price \$ _____	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** >					
	<input type="checkbox"/> 3mo	\$ _____ + _____ + _____ = \$ _____				
	<input type="checkbox"/> 6 mo	Handling	Tax (office use)	Shipping (office)	Down	Total Down
	<input type="checkbox"/> 10mo					
	<input type="checkbox"/> 16mo					

Credit Card Information Visa Master Card Amex Discover No Diner's cards

Card Number _____ CVV # _____ Expiration Date _____

Card Holder's Name (First, Middle Initial, Last) < ** If different from applicant, Alternate Payer signature required! ** >

6A Support < ** 6A Close documentation required! ** >

Sponsor ID Number _____ Print Name(Sponsor) _____ Signature(Sponsor) _____ Date _____

6A ID number _____ Print Name(6A) _____ Signature(6A) _____ Date _____

Alternate Payer

Distributor ID Number _____ Print Name _____ Signature(Sponsor or Buyer) _____ Date _____

Alternate Pick-Up

Distributor Driver's License Number _____ Print Name _____ Signature(Sponsor or Buyer) _____ Date _____

I certify that I have read, understand and agree to the Terms and Conditions set forth in the following documents which comprise the Contract, the Distributor Agreement, the Sales Contract, Policies and Procedures, Compensation Plan and the Products. I am of legal age in my state of residence. I agree that any false and misleading statement(s) may result in the termination or denial of registration as an Enagic USA distributor. I understand that the financial reward will come from sales of products and not by recruiting people. I, the sponsor, have explained to the applicant all relevant information which the applicant should know prior to signing up. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic USA in causing the customer to honor their payment obligation. At the very least, I agree to contact the customer in person or by telephone no less than three times to request that the customer make payments as required in the customer contract.

Applicant Signature _____ Date _____

Sponsor Signature _____ Date _____

SHIP
 PICKUP