

Enagic USA, Inc.

Product Order Form & Distributor Agreement



Headquarters
4115 Spencer St., Torrance, CA 90503
Phone: (310) 542-7700 / FAX: (310) 542-1700
Toll Free: (866) 261-9500 / cc@enagic.com

Distributor ID # <do not fill in>

Applicant Information

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

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)
PAYMENT METHOD
Single Payment
Enagic Payment
Product Retail Price
3mo, 6mo, 10mo, 16mo
Handling, Tax, Shipping, Down, Total Down

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

Driver's Licence State & #
DOB

SHIP PICKUP