

Enagic Canada Corp.

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USER Product Order Form



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 Province Postal Code

 Phone Number Fax Number

 Cell Number Email Address

 Alternate shipping address City Province Postal 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 _____
	$\begin{matrix} \$ \\ \text{GST 5\%} \end{matrix} + \begin{matrix} \\ \text{PST 7\% (BC)} \end{matrix} + \begin{matrix} \\ \text{Shipping} \end{matrix} = \begin{matrix} \$ \\ \text{Total} \end{matrix}$					
Product Retail Price	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** >					
\$ _____	<input type="checkbox"/> 3mo	<input type="checkbox"/> 6 mo	<input type="checkbox"/> 10mo	<input type="checkbox"/> 16mo	$\begin{matrix} \$ \\ \text{Total Down} \end{matrix}$	
	Handling	Tax	Shipping (office)	Down		

Credit Card Information Credit Card Cash CK Medicaid No Diner's cards

 Card Number Visa Master Card Amex 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

 Applicant Signature Date Sponsor Signature Date

SHIP PICKUP