

**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 \_\_\_\_\_

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