Product Order Form & Distributor Agreement

Enagic USA, Inc.
Headquarters
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Phone: (310) 542-7700 / FAX: (310) 542-1700
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PRINT CLEARLY

Distributor ID # *<Do NOT Fill In>*

☐ SHIP

☐ PICKUP

*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

*Sponsor Information

Sponsor Name

Phone Number

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 <**Enagic Payment System Application Required**>
	☐ 3 months ☐ 6 months ☐ 10 months ☐ 16 months
$	$ _____ (Handling) + _____ (Tax) + _____ (Shipping) + _____ (Down) = $ _____ **Total Down**

*Credit Card Information

******COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED******

☐ Visa ☐ Master Card ☐ Amex ☐ Discover *No Diner's Cards*

Card Number	CVV #	Expiration Date
Card Holder Name (Please Print)	Card Holder Signature	

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.

Applicant Signature	Date	Sponsor Signature	Date