

Product Order Form & Distributor Application



Enagic USA, Inc.

Headquarters
4115 Spencer St., Torrance, CA 90503
Phone: (310) 542-7700 / FAX: (310) 347-4447
Toll Free: (866) 261-9500 / cc@enagic.com

Machine Single Payment

PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

*Applicant Information

First Name or Company Name		Middle Name (or Middle Initial)		Application Date:	
Last Name(s)				Are you currently an Enagic Distributor?	
<input type="checkbox"/> No				<input type="checkbox"/> Yes ENAGIC ID #	
Driver's License #	State	Date of Birth			
Mailing Address (must match W9)			City	State	Zip Code
SS#			Phone Number		
Cell Number	Fax Number		Email Address		
Billing Address (if different from mailing address)			City	State	Zip Code
Shipping Address (if different from mailing address) &'(Address			City	State	Zip Code
Delivery Method	<input type="checkbox"/> Ship		<input type="checkbox"/> Pick up **Please fill out pick up form		

*Enroller (if applicable) and Sponsor Information

Enroller Name	Enroller ID	Phone Number
Sponsor Name <input type="checkbox"/> Same as above		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number: </div>		
Phone Number		

ITEM ORDERED	PAYMENT AMOUNT
Product Retail Price	\$ _____ + _____ + _____ = \$ _____ Unit Price Tax Shipping Total
\$	

*Payment Information : CREDIT CARD

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <small>No Diner's Cards</small>		
Credit Card Number	Expiration Date	CVV #
Card Holder Name (Print Clearly)	Card Holder Signature	

*** Please fill out Alternate Payer Form if someone beside the applicant will be making payment. ***

Note: An applicant will be able to become a distributor with the purchase of Tokurei Sales Kit.
I certify that I have been furnished a copy of, and have read, understand, and agree to the provisions in Enagic USA, Inc.'s Policies and Procedures manual, which (with any amendments or restatements furnished by Enagic USA after this date) are hereby incorporated by reference as if fully set forth herein and set forth the exclusive terms and conditions of my agreement with Enagic USA, Inc.
 I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize ENAGIC USA, INC to debit the amount I have indicated above from my credit card.
 By signing the line below, you are acknowledging that you have read and understood the terms and conditions.
 Terms and conditions are subject to change without notice. If your payment comes back for any reason, Enagic may offset the payment amount from your commissions. **FOR ALTERNATE PAYERS: By signing Alternate Payer Form, you will be jointly responsible for any and all balance owing on the account.** This agreement is governed by the laws of California and proper venue will be in a court of competent jurisdiction located nearest to the Company's headquarters.

Print Applicant Name (Company and Agent name if signed behalf of a company)	Print Sponsor Name (Company and Agent name if signed behalf of a company)
Applicant Signature	Sponsor Signature
Date	Date