

Enagic USA, Inc.

USER Product Order Form



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

_____/_____/_____
 Application Date

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

 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

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

 Applicant Signature Date

 Sponsor Signature Date

SHIP
 PICKUP