



Enagic

ENAGIC USA

USER PRODUCT ORDER FORM

Enagic USA, Inc.

Headquarters

4115 Spencer St., Torrance, CA 90503

Phone: (310) 542-7700 / FAX: (310) 347-4447

Toll Free: (866) 261-9500 / goc.usa@enagic.com

Distributor ID # <Do NOT Fill In>

PRINT CLEARLY

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

*Enroller (if applicable) and Sponsor Information

Enroller Name		Enroller ID	Phone Number		
Sponsor Name		<input type="checkbox"/> Same as above	<table border="1"> <tr> <td>REGISTER THIS APPLICANT AS YOUR [] A</td> </tr> <tr> <td>Under Sponsor ID Number:</td> </tr> </table>	REGISTER THIS APPLICANT AS YOUR [] A	Under Sponsor ID Number:
REGISTER THIS APPLICANT AS YOUR [] A					
Under Sponsor ID Number:					
Phone Number					

ITEM ORDERED	PAYMENT METHOD
--------------	----------------

	<input type="checkbox"/> SINGLE PAYMENT Sales ____ $ \begin{array}{r} \$ \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\ \text{Unit Price} \qquad \text{Tax} \qquad \text{Shipping}^* \qquad \text{Total} \end{array} $
	<input type="checkbox"/> ENAGIC PAYMENT < **Enagic Payment System Application Required** > <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months. <input type="checkbox"/> 10 months. <input type="checkbox"/> 16 months. <input type="checkbox"/> 20 months <input type="checkbox"/> 24 months $ \begin{array}{r} \$ \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\ \text{Handling} \qquad \text{Tax} \qquad \text{Shipping}^* \qquad \text{Down} \qquad \text{Total Down} \end{array} $

Credit Card Information *****COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED*****

For security purposes, we will send you a link to add credit card information. The link will be sent to the email address you provided on this application. Please make sure it is written clearly to avoid any delays.

*Track your shipment using the tracking number provided. If more than 20 DAYS have elapsed since your purchase date, contact Enagic USA IMMEDIATELY by emailing support@enagic.com or by calling (424) 307-0005 during normal business hours. Enagic USA will not be responsible for any claims after 25 DAYS from the confirmed delivery date

Signature			
Applicant Signature	Date	Sponsor Signature	Date