

**Enagic USA, Inc.**  
 Headquarter  
 1515 W. 190<sup>th</sup> St, Ste. 535  
 Gardena, CA 90248  
 Phone: (310) 532-9000  
 FAX: (310) 532-9010

# Distributor Agreement & Product Order Form



\_\_\_\_\_  
 Distributor ID Number

## Applicant Information

\_\_\_\_\_  
 State      Driver's License Number      Expiration Date       Male       Female      \_\_\_\_\_  
 Application Date (MM/DD/YY)

\_\_\_\_\_  
 Applicant Name (First, Middle Initial, Last) or Company Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City      State      Zip Code

\_\_\_\_\_  
 Phone Number      Fax Number      Date of Birth (MM/DD/YY)

\_\_\_\_\_  
 Shipping Address

\_\_\_\_\_  
 City      State      Zip Code

\_\_\_\_\_  
 E-Mail Address

## Sponsor Information

\_\_\_\_\_  
 Sponsor Name

**Register the applicant as [ ] A**      \_\_\_\_\_  
 Phone Number      Distributor ID Number

### Product Order

Product \_\_\_\_\_

Unit Price \$ \_\_\_\_\_

Single Payment

Enagic Payment

Other

### Office Use:

E.P.S. 3 6 10 16       VISA       MC       AMEX.       DISC.      Initials \_\_\_\_\_

Handling \_\_\_\_\_ Ext. Warr. \_\_\_\_\_ Monthly Pymnt \_\_\_\_\_ Sales \_\_\_\_\_

Sales Tax \_\_\_\_\_ Other \_\_\_\_\_ CC Four Digits \_\_\_\_\_ S.Sup. \_\_\_\_\_

Shipping \_\_\_\_\_ Deposit \_\_\_\_\_ Check Number \_\_\_\_\_ Acct. \_\_\_\_\_

Shipping Ins. \_\_\_\_\_ **D.P.Total** \_\_\_\_\_  Pick-Up       Ship      Comm. \_\_\_\_\_

### Credit Card Information

VISA       MASTER CARD       AMEX       DISCOVER       OTHER \_\_\_\_\_

\_\_\_\_\_  
 Expiration Date

\_\_\_\_\_  
 Card Holder's Name (First, Middle Initial, Last)

### 6A Support

\_\_\_\_\_  
 Distributor ID Number      \_\_\_\_\_  
 Print Name (6A)      Signature (6A)      Date

I, the applicant, certify that I have read, understood, and agreed 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 or misleading statement may result in the termination or denial of registration as an Enagic Distributor. I understand that the financial reward will come from sales of the products and not by recruiting people. I, the sponsor have explained to the applicant all relevant information which the applicant should know prior to sign up.

\_\_\_\_\_  
 Applicant Signature      Date      Sponsor Signature      Date