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 / goc.usa@enagic.com

Machine Finance payment

PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

***Applicant Information**

NAME

First Name or Company Name | **Middle Name** (or Middle Initial) | Application Date:

Last Name(s)

Are you currently an Enagic Distributor?
No
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) C/O | Phone Number

Address | City | State | Zip Code

Delivery Method | Ship

***Enroller and Sponsor Information (if applicable)**

Enroller Name | Enroller ID | Phone Number

Sponsor Name | Same as Above

Phone Number

REGISTER THIS APPLICANT AS YOUR [ ] A
Under Sponsor
ID Number:

ITEM ORDERED	PAYMENT AMOUNT
	ENAGIC PAYMENT: 3 months 6 months 10 months 12 months 15 months 16 months 20 months 24 months
	$ Handling + Tax + Shipping + Down = $ Total Down
PRODUCT RETAIL PRICE	Employer Name / City, State, / Phone / Income
$	

**** Please note the first payment date must be within 45 days from purchase date. Payment date must be on the 1st or 15th of each month.**

Finance Amount	Monthly Payment Amount	Withdrawal Date	First Payment Date
$	$	1st / 15th	

Payment Information :** ***CREDIT CARD *(CHECKING ACCOUNT for ENAGIC PAYMENT ONLY - Void check needed)*

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.

***** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly 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 bank account or credit card. The agreed payment plan above will remain in effect until the balance is paid in full. $20 late fee will be applied to your account for every missed payment. 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 you fail to make a monthly payment, 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 Enroller Name (Company and Agent name if signed behalf of a company)

Applicant Signature | Date | Enroller Signature | Date

Change Your Water... Change Your Life™

Revised 03/19/2024