

User Product Order Form

Enagic USA, Inc.
 Headquarters
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 Phone: (310) 542-7700 / FAX: (310) 542-1700
 Toll Free: (866) 261-9500 / cc@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

***Sponsor Information**

Sponsor Name <h2 style="text-align: center;">Christopher Anthony Martin</h2> Phone Number <h2 style="text-align: center;">818.935.1718</h2>	REGISTER THIS APPLICANT AS YOUR [4] A Under Sponsor ID Number: <u>7228214</u>
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ITEM ORDERED	PAYMENT METHOD
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	<input type="checkbox"/> SINGLE PAYMENT Sales _____ \$ _____ + _____ + _____ = \$ _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Unit Price Tax Shipping Total </div>
Product Retail Price \$	<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 \$ _____ + _____ + _____ + _____ = \$ _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Handling Tax Shipping Down Total Down </div>

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

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

Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature (Sponsor or Buyer)	Date
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***Signature**

Applicant Signature	Sponsor Signature
Date	Date
	<h2>C.M.</h2>

SHIP

PICKUP