

**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



PLEASE TYPE DIRECTLY INTO THIS 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 _____	Handling _____	Ext. Warr. _____	Monthly Pymnt. _____	Sales _____
Unit Price \$ _____	Sales Tax _____	Other _____	CC Four Digits _____	S.Sup. _____
<input type="checkbox"/> Single Payment	Shipping _____	Deposit _____	Check Number _____	Acct. _____
<input type="checkbox"/> Enagic Payment	Shipping Ins. _____	<b>D.P.Total</b> _____	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Ship	Comm _____
<input type="checkbox"/> Other				

**Office Use:** E.P.S. 3 6 10 16       VISA       MC       AMEX.       DISC.      Initials

### 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. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic in causing the customer to honor their payment obligation. At the very least, I agree to contact the customer in person or by telephone no less that three times to request that the customer make payments as required in the customer contract.

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