

Enagic USA, Inc.

# USER Product Order Form



Headquarters

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Distributor ID # <do not fill in>

## Applicant Information

Application Date

Name (First, Middle Initial, Last) or Company Name

Driver's License #

State

Date of Birth

Address

City

State

Zip Code

Phone Number

Fax Number

Cell Number

Email Address

Alternate shipping address

City

State

Zip Code

## Sponsor Information

# Noah Houston

Sponsor Name

Register the applicant as [ ] A

# 704-506-3521

Phone Number

# 7218330

Distributor ID Number

### ITEM ORDERED

(SD501, Sunus, etc)

Single Payment

### PAYMENT METHOD

Sales \_\_\_\_\_

\$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
Unit Price Tax (office use) Shipping (office) Total

Enagic Payment < \*\* Enagic Payment System Application required! \*\* >

### Product Retail Price

3mo

6 mo

10mo

16mo

\$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
Handling Tax (office use) Shipping (office) Down Total Down

### Credit Card Information

Visa

Master Card

Amex

Discover

No Diner's cards

Card Number

CVV #

Expiration Date

Card Holder's Name (First, Middle Initial, Last) < \*\* If different from applicant, Alternate Payer signature required! \*\* >

### 6A Support < \*\* 6A Close documentation required! \*\* >

Sponsor ID Number

Print Name(Sponsor)

Signature(Sponsor)

Date

6A ID number

Print Name(6A)

Signature(6A)

Date

### Alternate Payer

Distributor ID Number

Print Name

Signature(Sponsor or Buyer)

Date

### Alternate Pick-Up

Distributor Driver's License Number

Print Name

Signature(Sponsor or Buyer)

Date

Applicant Signature

Date

Sponsor Signature

Date

SHIP  
 PICKUP