

Enagic USA, Inc.
 Headquarter
 1515 W. 190th 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 Patrick Tarzian

Sponsor Name

Register the applicant as **SA** **A** (949) 328-0126 7106789
 Phone Number Distributor ID Number

Product Order

Product SD501

Unit Price \$ 3980.00

- 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. 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