

Product Order Form & Distributor Application

Kangen Water®

Enagic USA, Inc.

Headquarters

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PRINT CLEARLY

Distributor ID # <Do NOT Fill In>

*Applicant Information

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

Application Date:

Driver's License #

State

Date of Birth

Are you currently an Enagic Distributor?

No ☐ / Yes ☐ Enagic ID#:

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

Alternate Shipping Address

City

State

Zip Code

*Sponsor Information

Sponsor Name

Josef Gotsch

Phone Number

REGISTER THIS APPLICANT AS YOUR [3] A

Under Sponsor

ID Number: 6170513

ITEM ORDERED

PAYMENT METHOD

K8

☐ SINGLE PAYMENT

Sales

\$ 4,980

Unit Price

+

Tax

+

Shipping

=

\$

Total

Product Retail Price

☐ ENAGIC PAYMENT:

☐ 3 months

☐ 6 months

☐ 10 months

☐ 16 months

\$ 4,980

\$

Handling

+

Tax

+

Shipping

+

Down

=

\$

Total Down

**** 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 (Circle One)

First Payment Date

\$

\$

1st

/

15th

/

/

***Payment Information : CREDIT CARD or CHECKING ACCOUNT (Void check needed for Checking Account Payment)**

☐ Visa

☐ Master Card

☐ Amex

☐ Discover

No Diner's Cards

Credit Card Number / Checking Account Number

Expiration Date / Checking Account Routing Number

CVV #

Card Holder Name (Please Print)

Card Holder Signature

***** 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 documents (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. This agreement will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account every time payment is missed. 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

Print Sponsor Name

Applicant Signature

Date

Sponsor Signature

Date

Change Your Water...
Change Your Life™

Revised 10/20/12

SHIP

PICKUP