## Product Order Form & Distributor Application

Kangen Water®

Enagic USA, Inc. Headquarters										
4115 Spencer St., Torrance, CA 905 Phone: (310) 542-7700 / FAX: (310)										Enagic®
Toll Free: (866) 261-9500 / cc@ena	PRINT	RLY	Y Distributor ID #			ŧ <do fill="" in="" not=""></do>				
*Applicant Information		Nama				Appli	ation Data:			
Legal Name (First, Middle Initial, Las	st) or Company	Name				Applic	ation Date:			
Driver's License #	State	Date of Birth				you currently an Enagic Distributor? ] / Yes □ Enagic ID#:				
Mailing Address (must match W9)			City			State	Zip Code			
SS#				Phone Number						
Cell Number	Fax Number		Email Address						ΙΫ́	
Billing Address (if different from mail	1		City			State	Zip Code			
Alternate Shipping Address				City State				Zip Code		
*Sponsor Information				•			<u>.</u>			
Sponsor Name Phone Number	REGISTER THIS APPLICANT AS YOUR [ ] A   Under Sponsor   ID Number:									
ITEM ORDERED				PAYMENT	METHO	D				
	SINGLE PAYMENT								Sales	
	\$	Unit Price	+	Tax	+	inning	= \$	Tota		ס
Product Retail Price		PAYMENT:	□ 3 month	Tax ns □6mo		hipping $\Box$ 10 r		16 mo		
									11113	
\$	\$	+	+	Chinning	- +		= \$	Tetel D		
** Please note the first payme	Hane nt date must	0	Tax s from purc	Shipping hase date. Payn		Down must b	e on the 1st	Total Do or 15th of	-	エイ
Finance Amount		ly Payment Am	-	thdrawal Date			First Payr			
\$	\$			1st /	15th			1	1	
*Payment Information : C	REDIT CA	ARD or CHEC	CKING A	CCOUNT (	Void chec	k need	ed for Check	king Acco	unt Payment)	
	aster Carc	I □ Ar	nex	Discov					No Diner's Ca	ards
Credit Card Number / Checking Acc			Expiration Date / Checking Accoun			outing Number	CVV #			
Card Holder Name (Please Print)				Card Holder Signature						
*** Please fill out Alternate Pa	yer Form if s	omeone beside t	he applicant	t will be making	down pay	yment a	and/or mont	hly payme	ent. ***	
Note: An applicant will be able t I certify that I have been furnish manual, which documents (with reference as if fully set forth her I hereby certify that the informat debit the amount I have indicate \$20 late fee will be applied to yo and understood the terms and c may offset the payment amount for any and all balance owing or jurisdiction located nearest to th Print Applicant Name	ed a copy of, any amendm ein and set fo ion provided c d above from our account ev conditions. Ter from your con n the account.	and have read, un ents or restatement th the exclusive to on this form is corr my bank account very time payment rms and conditions missions. FOR A This agreement is	derstand, an hts furnished erms and cor oplete and ac or credit card is missed. B s are subject LTERNATE	d agree to the pr by Enagic USA nditions of my ag curate to the bes d. This agreemen y signing the line to change withou PAYERS: By sig	ovisions in after this d reement w st of my kn nt will rema below, yo ut notice. If ning Alterr ifornia and	ate) are vith Ena owledg ain in ef ou are a f you fa nate Pa	e hereby inco gic USA, Inc. e. I authorize fect until the cknowledging il to make a r yer Form, yo	rporated b ENAGIC balance is g that you nonthly pa u will be jo	y paid in full. have read yment, Enagic intly responsibl	
Applicant Signature			Date	Sponsor Signatur	e			Date		
		Cha	nge Your	Water					Revised 10/20	)/12

Change Your Life<sup>\*</sup>