

# Product Order Form & Distributor Application

Kangen Water®

**Enagic USA, Inc.**

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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 <input type="checkbox"/> / Yes <input type="checkbox"/> 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	REGISTER THIS APPLICANT AS YOUR [    ] A Under Sponsor ID Number: _____
Phone Number	

ITEM ORDERED	PAYMENT METHOD	
	<input type="checkbox"/> SINGLE PAYMENT	Sales _____
	$  \begin{array}{r}  \$ \quad \quad \quad + \quad \quad \quad + \quad \quad \quad = \quad \$ \\  \text{Unit Price} \quad \quad \quad \text{Tax} \quad \quad \quad \text{Shipping} \quad \quad \quad \text{Total}  \end{array}  $	
<b>Product Retail Price</b>	<input type="checkbox"/> ENAGIC PAYMENT: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 16 months	
\$	$  \begin{array}{r}  \$ \quad \quad \quad + \quad \quad \quad + \quad \quad \quad + \quad \quad \quad = \quad \$ \\  \text{Handling} \quad \quad \quad \text{Tax} \quad \quad \quad \text{Shipping} \quad \quad \quad \text{Down} \quad \quad \quad \text{Total Down}  \end{array}  $	

**\*\* 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)			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover <span style="float: right;">No Diner's Cards</span>
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	Sponsor Signature
Date	Date

*Change Your Water...  
Change Your Life™*

Revised 10/20/12

SHIP  
  
 PICKUP