Product Order Form & Distributor Application

Enagic USA, Inc.
Headquarters
4115 Spencer St., Torrance, CA 90503
Phone: (310) 542-7700 / FAX: (310) 347-4447
Toll Free: (866) 261-9500 / goc.usa@enagic.com

Machine Single Payment

PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

***Applicant Information**

NAME

First Name or Company Name | **Middle Name** (or Middle Initial) | Application Date:

Last Name(s)

Are you currently an Enagic Distributor?
○ No
○ Yes ENAGIC ID #

Driver's License #	State	Date of Birth

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

Shipping Address (if different from mailing address) C/O	Phone Number		
Address	City	State	Zip Code

Delivery Method ○ Ship

***Enroller (if applicable) and Sponsor Information**

Enroller Name	Enroller ID	Phone Number

Sponsor Name ☐ **Same as above**

Phone Number

REGISTER THIS APPLICANT AS YOUR [ ] A
Under Sponsor
ID Number:

ITEM ORDERED	**PAYMENT AMOUNT**
Product Retail Price	$ _____ + _____ + _____ = $ _____
	Unit Price **Tax** **Shipping** **Total**
$	

Payment Information :** ☐ ***CREDIT CARD ☐ ***ACH*** ☐ ***Wire***

We will contact you with further instructions for your selection. Please make sure it is written clearly to avoid any delays.

*Track your shipment using the tracking number provided. If more than 20 DAYS have elapsed since your purchase date, contact Enagic USA IMMEDIATELY by emailing support@enagic.com or by calling (424) 307-0005 during normal business hours. Enagic USA will not be responsible for any claims after 25 DAYS from the confirmed delivery date.

***** Please fill out Alternate Payer Form if someone beside the applicant will be making 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 (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 credit card.
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 your payment comes back for any reason, 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 (Company and Agent name if signed behalf of a company)	Print Enroller Name (Company and Agent name if signed behalf of a company)
Applicant Signature Date	Enroller Signature Date

☐ Do Not Sell My Personal Information (For California Residents)

Change Your Water... Change Your Life™

Revised Feb. 2026

Enagic charges an address correction fee for any changes made after an order has shipped or if there is an error in the address provided by the customer.