Product Order Form - Distributor (NZ)
Team Building Placement (Enroller)

Enagic New Zealand Limited
NZBN 9429047808270
PO Box 105 394
Auckland City 1143 New Zealand
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DISTRIBUTOR ID | **FOR OFFICE USE ONLY**

Applicant Information ☐ Register as a Distributor

The personal information provided on this form is handled by Enagic New Zealand in accordance with its Privacy Collection Statement, set out with the Product Return Policy.

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

Address | City | State | Postcode

Home Tel. No. | Mobile Tel. No.

E-mail Address | Date of Birth (DD/MM/YY) | Drivers Licence/Passport No.

Shipping Address ☐ same as above

☐ I agree to receive communications from Enagic New Zealand via e-mail.

Bank Information

Name of Bank | Account Holder's Name

Name of Branch | BSB | Account No.

Enroller/Sponsor Information

Enroller Name | **Email**

Enroller's ID | **Phone No.**

Register my downline as sponsor. Place the applicant in their **[ ] A** line.

Sponsor Name: _____ Sponsor ID: _____

After registration, the special point status of the Enroller will be renewed. While the appointed sponsor will receive commission based on his current distributor status (SP, D1, D0, FA). The Sponsors status will not be influenced by this sale. Placement of the new client cannot be changed after registration.

Product Ordered	Unit Price	GST	Shipping	Total	Payment Method
	$	$	$	$	☐ Credit/Debit Card ☐ Bank Transfer ☐ E-Payment ☐ Other

Credit/Debit Card Information ☐ Visa ☐ MasterCard

Expiry Date _____

CVV _____

Card Holder's Name _____ Card Holder's Signature _____

Applicant Signature | **Date** (DD/MM/YY) | **Enroller's Signature** | **Date** (DD/MM/YY)

Enagic New Zealand Limited is a Member of the Direct Selling Association of New Zealand and Subscribes to the DSAN Code of Practice - www.dsanz.co.nz

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December 2019

PROCESSED BY: **DATE:**