

Product Order Form - Consumer



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DISTRIBUTOR ID **FOR OFFICE USE ONLY**

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Applicant Information

The personal information provided on this form is handled by Enagic Australia 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 _____

I agree to receive communications from Enagic Australia via e-mail

Shipping Address same as above

Pick up from Enagic Australia Office not applicable

Name of Person Picking Up _____ Signature _____

Sponsor Information

Register the applicant as your A Sponsor Name: _____ Sponsor ID: _____

<p>Cancellation Notice You may cancel this transaction at any time during the next ten business days. Simply call, fax, email or write to your authorised distributor/sponsor.</p>	Your Authorised Distributor/Sponsor	
	Name _____	
	Address _____	
	Home Tel. No. _____	Mobile Tel. No. _____

Product Ordered	Unit Price	GST	Shipping	Total	Payment Method
	\$	\$	\$	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Bank Transfer <input type="checkbox"/> E-Payment <input type="checkbox"/> Other

Credit/Debit Card Information Visa MasterCard Expiry Date _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CVV _____
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Card Holder's Name _____ Card Holder's Signature _____

Applicant Signature **Date (DD/MM/YY)** **Sponsor Signature** **Date (DD/MM/YY)**



Enagic Australia Pty Ltd is a Member of the Direct Selling Association of Australia and Subscribes to the DSAA Code of Practice - www.dsaa.asn.au

This document will be a tax invoice for GST upon completion and payment.

FOR OFFICE USE ONLY

SIGNATURE:

DATE: