

Product Order Form - Distributor



Enagic Australia Pty Ltd
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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 Australia in accordance with its Privacy Collection Statement, set out with the Product Return Policy.

Name (First, Middle Initial, Last or Company Name)		Date of Birth (DD/MM/YY)	Drivers Licence/Passport No.
Address		City	State Postcode
Home Tel. No.		Mobile Tel. No	
E-mail Address		<input type="checkbox"/> 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 _____

Bank Information

Name of Bank	Account Holder's Name
Name of Branch	BSB Account No.

Sponsor Information

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CVV _____

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

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