



Product Order Form - Distributor Team Building Placement (Enroller)

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 _____ 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 _____

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 can not be changed after registration.

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 _____

CVV _____

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

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



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