## Enagic Canada Corp.

#101-7460 Edmonds St. Burnaby BC V3N 1B2

Toronto Branch

**& Distributor Agreement** 

**Product Order Form** 



Vancouver Branch #138-75 Watline Ave. Mississauga ON L4Z 3E5 TEL: (604) 214-0065 TEL: (905) 507-1200 FAX: (604) 214-0067 FAX: (905) 507-1233 New orders must be emailed at: canada-sales@enagic.com

Distributor ID # < do not fill in >	_

Website: www.enagic.com Online shop: w	www.enagic.com/shop-ca			
Applicant Information			7	ř.
	<u> </u>		——————————————————————————————————————	opplication Date
Driver's License #	Soc	cial Insurance # or Federal Tax#		
Name (First, Middle Initial, Last) or Co	ompany Name	Date of Birth	Date of Birth (MM/DD/YY)	
Address		City	Prov.	Postal Code
Phone Number		Fax Number		
Cell Number		Email Address		
Alternate shipping address		City	Prov.	Postal Code
Sponsor Information				
SANDRA Sponsor Name	VERLEY			[ (
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6A Support <** 6A Close documenta	ation required! **>			
Sponsor ID Number	Print Name(Sponsor)	Signature(Sponsor)		Date
6A ID number	Print Name(6A)	Signature(6A)		Date
Alternate Payer				
Distributor ID Number	Print Name	Signature(Sponsor o	r Buyer)	Date
Alternate Pick-Up				
Distributor Driver's License Number	Print Name	Signature(Sponsor or		Date

Procedures, Compensation Plan and the Products. I am of legal age in my state of residence. I agree that any false and misleading statement(s) may result in the termination or denial of registration as an Enagic Canada distributor. I understand that the financial reward will come from sales of products and not by recruiting people. I, the sponsor, have explained to the applicant all relevant information which the applicant should know prior to signing up. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic Canada in causing the customer to honor their payment obligation. At the very least, I agree to contact the customer in person or by telephone no less than three times to request that the customer make payments as required in the customer contract.

**Applicant Signature** Date Sponsor Signature Date