

# Product Order Form - Distributor



Enagic Australia Pty Ltd  
 ABN 64 141 931 919  
 Suite 15, 33 Waterloo Road,  
 Macquarie Park NSW 2113, Australia  
 Phone: 02-9878-1100 Fax: 02-9878-1200

Distributor ID				For office use only			

## Applicant Information

Name (First, Middle Initial, Last or Company Name)	Date of Birth (DD/MM/YY)	Drivers Licence or Passport No
Address	City	State
Phone Number	Mobile Number	Fax Number
Email Address		

## Bank Information

Name of Bank	Account Name
Name of Branch	BSB
	Account Number

## Sponsor Information

Register the applicant as your  A Sponsor Name: Dee McLachlan Sponsor ID No: 1902981

**Applicant Status**  Register as a Distributor

Product Order	Retail Price	GST	Shipping	Total	Payment Method
<input type="checkbox"/> SD501	\$4150.00	\$415.00	\$	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bank Transfer <input type="checkbox"/> E-Payment <input type="checkbox"/> Other
<input type="checkbox"/> SD501 Platinum	\$4500.00	\$450.00	\$	\$	
<input type="checkbox"/> DXII	\$3180.00	\$318.00	\$	\$	
<input type="checkbox"/> Leveluk R	\$1,480.00	\$148.00	\$	\$	
<input type="checkbox"/> Anespa	\$2350.00	\$235.00	\$	\$	
<input type="checkbox"/> Super SD501	\$5950.00	\$595.00	\$	\$	

**Credit/Debit Card Information**  Visa  MasterCard Expiry Date \_\_\_\_\_

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CVV Number \_\_\_\_\_

Card Holders Name \_\_\_\_\_ Card Holders Signature \_\_\_\_\_

**Alternate Shipping Address:** \_\_\_\_\_

**Alternate Pick Up:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Picture ID/Drivers License \_\_\_\_\_ Date \_\_\_\_\_

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](http://www.dsaa.asn.au)

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