

Product Order Form - Distributor (NZ)



Enagic New Zealand Limited
 NZBN 9429047808270
 PO Box 105 394
 Auckland City 1143 New Zealand
 E-mail: info@enagic-australia.com

DISTRIBUTOR ID				FOR OFFICE USE ONLY			

Applicant Information Register as a Distributor

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

Date of Birth (DD/MM/YY) _____

Drivers Licence/Passport No. _____

Shipping Address same as above

I agree to receive communications from Enagic New Zealand via e-mail.

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"/> Credit/Debit Card <input type="checkbox"/> Bank Transfer <input type="checkbox"/> E-Payment <input type="checkbox"/> Other

Credit/Debit Card Information Visa MasterCard

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Expiry Date _____

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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