

# 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](mailto: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<br><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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Expiry Date \_\_\_\_\_

CVV \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**Date (DD/MM/YY)** \_\_\_\_\_

**Sponsor Signature** \_\_\_\_\_

**Date (DD/MM/YY)** \_\_\_\_\_



Enagic New Zealand Limited is a Member of the Direct Selling Association of New Zealand and Subscribes to the DSAN Code of Practice - [www.dsan.co.nz](http://www.dsan.co.nz)

**FOR OFFICE USE ONLY**  
December 2019

**PROCESSED BY:**

**DATE:**