



Enagic USA, Inc. Commission Department

4115 Spencer Street
Torrance, CA 90503
Phone (310) 542-7700 Fax (310) 214-3426

Compensation Research Request

Submit this form via email to: commission@enagic.com

Policy Information (NO EXCEPTIONS!!)

*Please wait 13 business days after issue date before faxing this request.

*If commission check is found to be deposited we charge a \$25.00 fee.

*If distributor received and misplaced check we charge \$25.00 reissue fee.

Date of Request: _____

Your Name: _____

Your Distributor ID#: _____

Buyer Name _____

Phone: _____

Fax: _____

E-mail: _____

Compensation Check Information Buyer ID# _____

Reason for Research: _____

_____.

Your Signature: _____ By signing this form you have understood and agreed to the policy information given above.