



NAME / ADDRESS CHANGE FORM

Date:

BEFORE CHANGE	
Customer ID:	
Name:	
Address:	Phone Number: () -

Enagic Vancouver **Enagic Toronto**
 #101-7460 Edmonds St. #23-156 Duncan Mill Rd.
 Burnaby, BC, V3N 1B2 North York, ON, M3B 3N2
 Tel: (604) 214-0065 Tel: (905) 507-1200
 Fax: (604) 214-0067 Fax: (416) 445-6594
 vancouver@enagic.ca toronto@enagic.ca
www.enagic.ca

AFTER CHANGE	
Customer ID: ----- Same as before -----	SIN# :
D/L #:	Date of Birth:
Name:	E-mail:
Address:	Phone Number: () -

Reason for change:	
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Please verify all information on this request is correct and current. Any request with erroneous information will be rejected. **No name changes will be allowed for clients with existing levies.**

Applicant: The individual listed above as the customer after the change (the successor) agrees to take over all responsibilities, such as tax liabilities on the commissions paid to date, and any other legal obligations.

Applicant's Signature:

I hereby declare that I am the applicant, and I am responsible for any outstanding balance left on this account.

*All name changes must be approved by your direct 6A	
Name of 6A:	6A's Distributor ID:

All NAME changes require a \$50 + *TAX payment for processing.

TAX (*12% for orders processed by Vancouver Office, 13% for orders processed by Toronto Office)

VISA MSTR AMEX

CC NUMBER: _____ EXP: _____ CVV: _____

CC HOLDER'S NAME: _____ SIGNATURE: _____

Signature of OLD Applicant:	ID number of 6A:
Signature of NEW Applicant:	Signature of 6A:

* Change of name allowed between direct family members only (i.e. Parents and children or between spouses).
 * Corporate accounts only allowed to change name under Companies Owners name.
 * Please provide a photocopy of applicant's drivers license or any picture ID.