



**Enagic USA, Inc.**  
**Commission Department**

4115 Spencer Street  
Torrance, CA 90503

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Email: compform@enagic.com

# Compensation Research

**Policy Information (NO EXCEPTIONS!!)**

\*Please wait 13 business days after mail date before faxing/emailing/mailling this form.

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

\*If distributor received and misplaced check/checks we charge a \$25.00 reissue fee for each check.

Date of Request: \_\_\_\_\_

Your  
Distributor ID# \_\_\_\_\_

Your  
Name \_\_\_\_\_

Compensation Check Information  
Buyer ID# \_\_\_\_\_

Buyer  
Name \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Reason for Research: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature: \_\_\_\_\_ By Signing this form you have understood and agreed to the policy information given above.

\*\*\*Important\*\*\*

Please make sure we have your most updated address. If you need to update your address, please fill out an address change form and send it to update@enagic.com. Thank you.