NAME / ADDRESS CHANGE FORM

Date: / /	
BEFORE CHANGE	
Customer ID:	
Name:	Enagic
Address:	Phone Number:
	() -
AFTER CHANGE	
Customer ID: Same as Befor	e D/L Number :
Name:	Date of Birth :
Address:	E-mail:
	Phone: () -
Reason for change:	
Please verify that all information on this request is correct and current. Any request with erroneous information will be rejected.	
Applicant : The individual listed above as the customer before change or after change and is responsible for the outstanding balance on this account (due whether to outstanding debt or callelation of product purchase).	
Name of Applicant:	
I hereby declare that I am the applicant and I am responsible for any outstanding balance left on this account.	
☆All name changes must approved by your direct 6A	
Name of 6A:	
6A's Distributor ID:	
All name changes require a \$50 payment for processing VISA M/C AMEX DISC	
CC NUMBER	EXP CVV
CC HOLDER'S NAME	SIGNATURE
Signature of OLD Applicant:	ID number of 6A:
Signature of NEW Applicant:	Signature of 6A :

XImportant!!! Name change must done within his or her family. You are not allow to transfer distributorship to anyother person. Also, please do not forget to provide a W-9 form Copy of Drivers License from transfered person.