

To : Enagic USA

Date : / /
MM DD YY

Cancellation for Special Payment (Tokurei)

On (Date) _____ I, (Distributor Cord number) _____ (Distributor(Name)) _____

Request the cancellation of special payment due to the fact that I have met the sales requirement of _____ units and have met the produce purchase price of (product name) _____ as per Agreement of Special Payment.

Address :

Name :

Signature :