



# Preferred Buyer Application & Agreement

(\* Required Information)

Last Name*				First Name*			
Co-Applicant Last Name				Co-Applicant First Name			
Billing Address*						Phone Number*	
City*				State*	Zip Code*	Mobile Number*	
Shipping Address*						Work Phone Number	
City*				State*	Zip Code*	Fax Number	
e-mail Address Applicant *				e-mail Address Co-Applicant			

Sponsoring IBO Place me in this Sponsor's group:

Sponsor's Last Name*			Sponsor's First Name*			Phone Number*			Sponsor IBO Number*		
PRINCETTA			PHILIP			6192311798			7143657		

\*Place on this Side     L     R

Annual Dues	Cost	BV	Investment
<input checked="" type="checkbox"/> Enzacta Preferred Buyers annual Dues	-	-	\$ 20.00

**Total Investment**  

VISA  Discover  MasterCard  Amex  GCC  ACH  Check or M O

Credit Card Account Number		Bank Routing Number		Checking or Savings Account Number	
Expiration Date		Security Code			

Name on the Account:    Applicant     Co-Applicant     Business     Billing Account Zip Code:  

Enzacta USA, LLC  
 4165 Shoreline Dr Ste 120  
 Spring Park, MN 55384  
 Phone: 952.471.3280 or  
 1.866.ENZACTA  
 Fax: 952.232.4252  
 www.enzacta.com

By my signature I agree that my order constitutes my agreement with the current Terms and Conditions of the Enzacta Preferred Buyers Club as published on www.enzacta.com.

     
 Applicant Signature/Date    Co-Applicant Signature/Date  
**Submit Your Application!**    **By fax: 952.232.4252**