

Enagic Canada, Corp.

Vancouver Branch
 #678- 5900 No.3 Road
 Richmond, BC V6X 3P7
 TEL: (604) 214-0065
 FAX: (604) 214-0067
 Email: vancouver@enagic.com
 Online shop: www.enagic.com/shop-ca

Toronto Branch
 #138-76 Watline Ave.
 Mississauga ON L4Z 3E5
 TEL: (905) 507-1200
 FAX: (905) 507-1233
 Website: www.enagic.com

**Product Order Form
 & Distributor Agreement**



Distributor ID # <do not fill in>

Applicant Information

Driver's License #	Social Insurance # or Federal Tax#	Application Date
Name (First, Middle Initial, Last) or Company Name		Date of Birth (MM/DD/YY)

Address	City	Prov.	Postal Code
Phone Number	Fax Number		
Cell Number	Email Address		

Alternate shipping address	City	Prov.	Postal Code
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Sponsor Information

Sponsor Name	Phone Number	Distributor ID Number
Register the applicant as [] A		

ITEM ORDERED (SD501, SD501PT, JR11, DX11, LeveLuk R SD501 U, Super501)	<input type="checkbox"/> Single Payment	PAYMENT METHOD		Sales _____		
	\$ _____ / \$ _____ HST (13%ON,NB,NL / 15%NS), PST(7%BC) GST 5% (Others,BC)	<input type="checkbox"/> Enagic Payment <*** Enagic Payment System Application required! ***> <input type="checkbox"/> 3mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 10mo <input type="checkbox"/> 16mo	+ \$ _____ = \$ _____ Shipping(W/tax) Total	= \$ _____ Total		
Product Retail Price \$ _____	+ \$ _____ Handling	+ \$ _____ HST (13%ON, NB,NL / 15%NS)	+ \$ _____ PST(7%BC)	+ \$ _____ Shipping(W/tax)	+ \$ _____ Deposit	= \$ _____ Down Payment

Credit Card Information	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Debt	<input type="checkbox"/> CK	<input type="checkbox"/> Medicard	<i>No Diner's cards</i>
Card Number	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	CVV #	Expiration Date	

Card Holder's Name (First, Middle Initial, Last) <*** If different from applicant, Alternate Payer signature required! ***>

6A Support <*** 6A Close documentation required! ***>

Sponsor ID Number	Print Name(Sponsor)	Signature(Sponsor)	Date
6A ID number	Print Name(6A)	Signature(6A)	Date

Alternate Payer

Distributor ID Number	Print Name	Signature(Sponsor or Buyer)	Date
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Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature(Sponsor or Buyer)	Date
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I certify that I have read, understand and agree to the Terms and Conditions set forth in the following documents which comprise the Contract, the Distributor Agreement, the Sales Contract, Policies and Procedures, Compensation Plan and the Products. I am of legal age in my state of residence. I agree that any false and misleading statement(s) may result in the termination or denial of registration as an Enagic Canada distributor. I understand that the financial reward will come from sales of products and not by recruiting people. I, the sponsor, have explained to the applicant all relevant information which the applicant should know prior to signing up. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic Canada in causing the customer to honor their payment obligation. At the very least, I agree to contact the customer in person or by telephone no less than three times to request that the customer make payments as required in the customer contract.

Applicant Signature	Date	Sponsor Signature	Date
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SHIP
 PICKUP

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**Product Order Form
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Distributor ID # <do not fill in>

Applicant Information

Driver's License #	Social Insurance # or Federal Tax#	Application Date
Name (First, Middle Initial, Last) or Company Name		Date of Birth (MM/DD/YY)

Address	City	Prov.	Postal Code
Phone Number	Fax Number		
Cell Number	Email Address		

Alternate shipping address	City	Prov.	Postal Code
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Sponsor Information

Sponsor Name	Phone Number	Distributor ID Number
Register the applicant as [] A		

ITEM ORDERED (SD501, SD501PT, JR11, DX11, LeveLuk R SD501 U, Super501)	<input type="checkbox"/> Single Payment \$ _____ / \$ _____ HST (13%ON,NB,NL / 15%NS), PST(7%BC) GST 5% (Others,BC)	+ \$ _____ = \$ _____ Shipping(W/tax) Total
	<input type="checkbox"/> Enagic Payment <*** Enagic Payment System Application required! ***> <input type="checkbox"/> 3mo <input type="checkbox"/> 6 mo \$ _____ + \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____ Handling HST (13%ON, NB,NL / 15%NS) PST(7%BC) Shipping(W/tax) Deposit Down Payment	
Product Retail Price \$ _____		

Credit Card Information	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Debt <input type="checkbox"/> CK <input type="checkbox"/> Medicard <i>No Diner's cards</i>
Card Number	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX CVV # Expiration Date

Card Holder's Name (First, Middle Initial, Last) <*** If different from applicant, Alternate Payer signature required! ***>

6A Support <*** 6A Close documentation required! ***>

Sponsor ID Number	Print Name(Sponsor)	Signature(Sponsor)	Date
6A ID number	Print Name(6A)	Signature(6A)	Date

Alternate Payer

Distributor ID Number	Print Name	Signature(Sponsor or Buyer)	Date
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Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature(Sponsor or Buyer)	Date
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Applicant Signature	Date	Sponsor Signature	Date
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SHIP
 PICKUP

UKON Order Form & Distributor Application



Enagic Canada Corp.

Vancouver Branch #678-5900 No.3 Road
Richmond BC V6X 3P7
Tel:604-214-0065
Fax:604-214-0067
Email: vancouver@enagic.com; toronto@enagic.com

Toronto Branch #138-75 Watline Ave.
Mississauga ON L4Z 3E5
Tel:905-507-1200
Fax:905-507-1233

PRINT CLEARLY

Distributor ID # <Do NOT Fill In>

***Applicant Information**

Legal Name (First, Middle Initial, Last) or Company Name				Application Date:	
Driver's License #	Prov.	Date of Birth		Are you currently an Enagic Distributor? No <input type="checkbox"/> / Yes <input type="checkbox"/> Enagic ID#:	
Mailing Address			City	Prov.	Postal Code
Social Insurance# or Federal Tax#	Phone Number		Cell Number		
Fax Number	Email Address				
Billing Address (if different from mailing address)			City	Prov.	Postal Code
Alternate Shipping Address			City	Prov.	Postal Code

***Sponsor Information**

Sponsor Name	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REGISTER THIS APPLICANT AS YOUR [] A </div>
Phone Number	Under Sponsor ID Number: _____

***Payment Method **Loyalty Discount only applies to an existing distributor**

SINGLE PAYMENT Sales _____

<u>\$660.00</u>	-	<u>\$80.00</u>	+	<u>\$15.00</u>	+	_____	=	\$ _____	
UKON Price		Loyalty Discount**		Shipping		Tax (5%,13%,15%)		PST 7% (BC)	Total

ENAGIC PAYMENT : *** \$10 Installment Fee per month applies for finance plan (\$10.00 x 4 installment payments)

<u>\$660.00</u>	-	<u>\$80.00</u>	+	<u>\$15.00</u>	+	_____	+	<u>\$40.00***</u>	-	<u>(\$155.00×3)</u>	=	\$ _____	
UKON Price - Loyalty Discount**				Shipping		Tax (5%,13%,15%)		PST 7% (BC)		Inst. Fee		Finance Amount	Down Payment

<p>I understand payment above is for an initial term of four (4) months. I understand my payment due date of each month will be the date I purchase this product. I authorize Enagic to automatically renew for successive four (4) month terms unless I submit a Cancellation Form prior to the expiration of the four (4) month term. Upon renewal, I understand I will be charged \$170.00 (plus the applicable tax for the total purchase price of \$580 plus shipping fee \$15) for the first month, and \$155.00 for the following three (3) months unless I inform Enagic to charge \$595.00 (plus applicable tax) as a single payment. I understand ten (10) boxes of UKON will be automatically shipped to my mailing address every four (4) months, and I will be responsible for the payment of all received UKON products.</p>	Initial
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Credit Card Information ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED**

Visa
 Master Card
 Amex
 Debit
 No Diner's Cards

Card Number	CVV #	Expiration Date
Card Holder Name (Please Print)		Card Holder Signature

*** Please fill out Alternate Payer form if someone beside the applicant will be making down payment and/or monthly payment.**

I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I have read and understood the Return Policy which states the procedure I must follow in order to receive any possible refund. I authorize ENAGIC USA, INC. ("Company") to debit the amount I have indicated above from my credit card. This agreement will remain in effect until the balance is paid in full. It is the responsibility of the Applicant to keep track of payments due. A \$20 Late Fee will be applied to the account every time a payment is missed. It is the responsibility of the Applicant or the Alternate Payer to inform the Company of any change in payment and/or contact information at least one (1) week prior to the payment due date. By signing the line below, you are acknowledging that you have read and understood the terms and conditions which include the Company's Policies and Procedures and Return Policy. Terms and conditions are subject to change with or without notice.

This Agreement is governed by the laws of California and proper venue will lie in a court of competent jurisdiction located nearest to the Company's headquarters. I certify that I have been furnished a copy of the Company's Policies and Procedures whose contents (including any amendments or restatements hereafter published) are incorporated by reference as if fully set forth herein. I have read and understood the aforementioned document and agree that this sets forth the exclusive terms and conditions of my agreement with the Company.

Print Applicant Name	Print Sponsor Name
Applicant Signature	Sponsor Signature
Date	Date



Canada Return Policy Effective July 2014

We will be implementing a restocking fee in the New Year on all returns, subject to the terms and conditions herein;

Processing of Returns:

- All returns must be within **15 days of receiving the product.**
- The purchaser is responsible for the return shipping charges.
- Shipping and Installment charges are not refundable.
- If a refund, chargeback, or cancellation is issued for an **AMEX card, a 3.5% service fee will apply.**

Unopened Return Policy:

- ⊖ All returns under this category must be in an unused condition, in the original packaging and with all warranty cards, manuals, and accessories. **Enagic Canada** reserves the right to inspect returns.
- ⊖ All returns under this category must not be damaged, installed or used.
- ⊕ Unopened returns are subject to a \$100 restocking fee plus tax. Unopened return of UKON is subject to a \$50 restocking fee plus tax. This restocking fee will be taken off the amount credited back.

Opened Product Return Policy:

- ⊖ All returns under this category must be in the original packaging and with all warranty cards, manuals, and accessories. **Enagic Canada** reserves the right to inspect returns.
- ⊖ All returns must not be damaged. Any missing or used Items will be taken off the refund.
- Ⓜ Returns are subject to a 15% restocking fee plus tax. Restocking fee will be taken off the amount credited back. (SD501\$600, SD501-PT\$645, DXII\$495, JRII&ANESPA\$360, R\$222, Super501\$900, SD501 U\$747, K8 \$750) + Tax.

Upon receipt of your return, it takes us 5-10 business days to process your return and credit your account. The credit will be processed against your original form of payment.

Processing of Returns:

Email the "Return Authorization form" or letter to vancouver@enagic.com or Fax (604)214-0067 with the following information:

- 1) Distributor number or Customer code number.
- 2) Your full name, phone number, mailing address and email address.
- 3) Explanation regarding the reason for the return.
- 4) The machine must be packaged & shipped back to **Enagic Canada** within the allotted 15 days.

Cautionary Notes for the SD501-U

- Installation is borne by the client. Company does not provide any installations. We strongly recommend hiring a carpenter and/or plumber to install your machine.
- Drilling a hole in the countertop for the faucet and another hole in the wall for the control panel is required. Company is not responsible for any installation or drilling repairs even if the product is returned.
- Company does not accept any machine changes after the SD501-U has been installed.

I certify that I have read, understood, and agreed to the terms set forth in this policy. I further certify that

I have received a copy of this policy.

Print name: _____

Signature: _____

Date ___/___/_____

Updated on July'2014