

Enagic Vancouver

Enagic Toronto

#101-7460 Edmonds St.
Burnaby, BC, V3N 1B2
Tel: (604) 214-0065
Fax: (604) 214-0067

#23-156 Duncan Mill Rd.
North York, ON, M3B 3N2
Tel: (905) 507-1200
Fax: (416) 445-6594



**Product Order Form
& Distributor Agreement**

Distributor ID # <do not fill in>

www.enagic.ca

ENAGIC CANADA CORP.

New orders must be emailed at sales-bc@enagic.ca (west coast) / sales-on@enagic.ca (east coast)

Applicant Information

_____/_____/_____
Application Date

Driver's License # _____ Social Insurance # or Federal Tax# _____

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 _____

Enroller Information * Special required for SP status *****

Enroller Name _____ Signature _____ Distributor ID Number _____

Sponsor Information

Sponsor Name _____

Register the applicant as [] A [] B [] C [] D [] E [] F [] G [] H [] I [] J [] K [] L [] M [] N [] O [] P [] Q [] R [] S [] T [] U [] V [] W [] X [] Y [] Z []

Phone Number _____ Distributor ID Number _____

ITEM ORDERED	PAYMENT METHOD				Sales _____
<input type="checkbox"/> SD501 <input type="checkbox"/> K8 <input type="checkbox"/> SD501-PT <input type="checkbox"/> JRIV <input type="checkbox"/> PT TRADE IN <input type="checkbox"/> ANESPA DX <input type="checkbox"/> LEVELUK R	<input type="checkbox"/> Single Payment <input type="checkbox"/> Enagic Payment <** Enagic Payment System Application required! **> 3 m 6 m 10 m 12 m 16 m	\$ 30 + \$ _____ + \$ _____ + \$ _____ = \$ _____ Shipping Fee GST 5% (Others,BC) HST(13%ON) 15%NS,NB,NL,PEI PST(7%BC,MB 6%SK 9.975%QC)	\$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____ Handling + Shipping Fee GST 5% (Others,BC) PST(7%BC,MB 6%SK 9.975%QC) HST(13%ON) 15%NS,NB,NL,PEI Deposit	Total Down Payment	
	Product Retail Price \$ _____				

Credit Card Information Credit Card Debit Cheque Medicard *No Diners cards No cash*

Card Number Visa MasterCard 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 _____

Alternate Pick-Up

Distributor Driver's License Number _____ Print Name _____ Signature(Sponsor or Buyer) _____ Date _____

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. *** BC TAX Applicable on installment fee. Enagic Canada TAX numbers: GST 843475351RT0001, MB-PST 843475351 MT0001, BC-PST PST10114680, QC-PST 1219853005TQ0001, SK-PST 7135320.

Applicant Signature _____ Date _____ Sponsor Signature _____ Date _____

SHIP
 PICKUP

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**Enagic Automatic Payment Application
for an Individual Account**

Date:

www.enagic.ca

ENAGIC CANADA CORP.

New orders must be emailed at sales-bc@enagic.ca (west coast), and sales-on@enagic.ca (east coast)

Office Use Only Initial:				Notice to Applicant(s)					
Distributor ID	Product			Important! Are you currently paying for another machine using the Enagic Payment System? Yes <input type="checkbox"/> / No <input type="checkbox"/> This application must be filled in completely except for the portion marked office use only.					
Unit Price	Installment Charge								
Down payment	Finance Amount Requested								
Applicant Information				Alternate Payer Information					
Applicant's Full Name:				Alternate payer's Full Name:					
SIN#:				Relationship:		SIN#:		ID#:	
Driver's License:			Province:	Driver's License:			Province:		
Phone #:		Alternate Phone #:		Phone #:		Alternate Phone #:			
E-mail:				E-mail:					
Address:				Address:					
City:		Province:	Post Code:	City:		Province:	Post Code:		
Years of Residence:				Years of Residence:					
Monthly Housing Payment:			Own / Rent / Other	Monthly Housing Payment:			Own / Rent / Other		
Occupation:				Occupation:					
Current Employer Name:				Current Employer Name:					
Work Phone #:		Years with employer:		Work Phone #:		Years with Employer:			
<input type="checkbox"/> Gross Annual Income			<input type="checkbox"/> Other Income:	<input type="checkbox"/> Gross Annual Income			<input type="checkbox"/> Other Income:		
Please provide us with 2 creditors you are currently financing with. (use only as a reference)				Please provide us with 2 creditors you are currently financing with. (use only as a reference)					
Creditor		Purpose for payer	Due date	Amount	Creditor		Purpose for payme	Due date	Amount
Emergency Contact Name:		Phone:		Relationship:					
Monthly Payment Amount \$				Number of Payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 16 According to machine					
Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 15th				Start Date / /			End Date / /		
Payment Options									
Credit Card Information: VISA <input type="checkbox"/> MASTER <input type="checkbox"/>				(* AMEX IS NOT ALLOWED TO USE FOR MONTHLY PAYMENT *)					
Card Number: _____				Exp. Date: _____		CVV: _____			
*Chequing account information (currently we only accept chequing accounts):									
Institution: _____				(Please provide Pre-Authorized Form Or a void chequ					
Transit _____									
Routing Number: _____				Account Number: _____					
*For the monthly payment by cheque, We still require credit card information to secure the payment.									
I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I authorize ENAGIC CANADA to debit the amount I have indicated above from my bank account or credit card. This agreement will remain in effect until the balance of my payment is paid in full. By signing the line below you are acknowledging that you have read and understood the terms and conditions. Terms and conditions are subject to change without notice. If you fail to make a monthly payment, Enagic may offset the payment amount from your commission. You cannot sell your machine if your payment is not finished. If we have not received your payment a \$20 late/skip payment fee will be charged to your account per-incident and it will not be refundable. If your cheque bounces or there is no sufficient fund in your account, a \$30 Non-Suff Funds and a \$20 late fee will be charged to your account per-incident and it will not be refundable.									
Applicant's Signature:					Alternate Payer's Signature:				
Print Applicant's Name:			Date:		Print Alternate Payer's Name:			Date:	



Canada Return Policy Effective August 2020

Processing of Returns:

- All returns must be submitted 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 Box Return Policy:

- ① 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.
- ② All returns under this category must not be damaged, installed or used.
- ③ Returning unopened items such as Machines or Ukon Σ are subject to a \$100 restocking fee plus *tax* (12% for orders processed by Vancouver Office, 13% for orders processed by Toronto Office). Unopened return of Ukon DD is subject to a \$50 restocking fee plus *tax* (12% for orders processed by Vancouver Office, 13% for orders processed by Toronto Office). This restocking fee will be withdrawn from the re-credited amount.

Opened Product Return Policy:

- ① 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.
- ② All returns must not be damaged. Any missing or used Items will be taken off the refund.
- ③ Returns are subject to a 15% restocking fee plus tax (TAX: 12% for orders processed by Vancouver Office, 13% for orders processed by Toronto Office). Restocking fee will be taken off the amount credited back.
(K8 \$750, SD501 \$600, SD501-PT \$645, JRIV \$600, ANESPA DX \$465, ANESPA DX (E8PA members only) \$372, R \$222) + Tax, and UKON Σ (Sigma) \$297 + Tax.

Upon receipt of your return, it will take 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" with the following information to:

Vancouver branch at vancouver@enagic.ca or Fax (604)214-0067;

Toronto branch at toronto@enagic.ca or Fax (416)445-6594.

- 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.

- 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 ____/____/____



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The following is the information that Enagic and their distributor must provide when they make a joint election to have the Network Sellers Method apply at all times when approval have been granted by the Canada Revenue Agency ("CRA") to Enagic.

JOINT ELECTION TO USE THE NETWORK SELLERS METHOD (NSM)

Information on the network seller

Business Number – 84347 5351 RT0001
Legal Name – Enagic Canada Corporation ("Enagic")
Contact Person – Gotaro Hamagawa
Title – General manager / Vice president

Information on the distributor

GST/HST (Business) Number (if applicable) _____ RT _____
SIN (Social Insurance) Number _____
Provincial Sales Tax Number (if applicable) _____
Complete Name (if individual) _____
Legal Name (if incorporated business) _____
Address _____
Telephone Number _____
Contact Person _____
Total Revenues for the past twelve months from all businesses (including Enagic commissions):
 Under \$30,000
 Over \$30,000

By signing this document, we jointly elect to have the NSM rules apply to network commissions at all times when an approval granted to the network seller is in effect. We understand that this election is not valid if the application by Enagic to use the NSM is refused by CRA.

Certification – Enagic

We hereby certify that the information given in this election, and any document attached, is true, correct and complete to the best of our knowledge and that Gotaro Hamagawa is authorized to sign on behalf of Enagic.

Signature of authorized representative of Enagic

Gotaro Hamagawa, General manager / Vice president Date (YYYY-MM-DD)

Certification – Distributor

I hereby certify that the information given in this election, and any document attached, is true, correct and complete to the best of my knowledge and that I am the distributor or I am authorized to sign on behalf of the distributor.

Signature of authorized representative of distributor

Printed name, Title Date (YYYY-MM-DD)
