

Enagic Vancouver

Enagic Toronto

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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	

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