

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

Form fields for Applicant Information including Driver's License #, Social Insurance # or Federal Tax#, Application Date, Name, Date of Birth, Address, City, Prov., Postal Code, Phone Number, Fax Number, Cell Number, Email Address, and Alternate shipping address.

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

Enroller Name, Signature, Distributor ID Number

Sponsor Information

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

Table with columns: ITEM ORDERED, PAYMENT METHOD, Sales, Total. Includes checkboxes for SD501, K8, PT TRADE IN, ANESPA DX, LEVELUK R, and payment options like Single Payment, Enagic Payment, 3m, 6m, 10m, 12m, 16m. Total amount shown as \$5,583.30.

Credit Card Information

Form fields for Credit Card Information including Card Number, Visa, MasterCard, AMEX, CVV #, Expiration Date, and Mediacard.

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

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

Form fields for 6A Support including Sponsor ID Number, Print Name(Sponsor), Signature(Sponsor), Date, 6A ID number, Print Name(6A), Signature(6A), Date.

Alternate Payer

Form fields for Alternate Payer including Distributor ID Number, Print Name, Signature(Sponsor or Buyer), Date.

Alternate Pick-Up

Form fields for Alternate Pick-Up including 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.

SHIP PICKUP

X

Applicant Signature, Date, Sponsor Signature, 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  $\Sigma$  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  $\Sigma$  (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](mailto:vancouver@enagic.ca) or Fax (604)214-0067;

Toronto branch at [toronto@enagic.ca](mailto: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: \_\_\_\_\_

X 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

X \_\_\_\_\_  
Printed name, Title      Date (YYYY-MM-DD)  
\_\_\_\_\_