Enagic Vancouver Enagic Toronto

#101-7460 Edmonds St. | #23-156 Duncan Mill Rd. Burnaby, BC, V3N 1B2 | North York, ON, M3B 3N2

MUST SELECT ONE OPTION

UKON Sigma ∑ Order Form & **Distributor Application**

Distributor ID # <do not fill in>

<u> </u>	New Mach	iine/Uk	on orders	must be e	emailed to go	oc.can@ena	gic.com			
*Applicant Information										
Legal Name (First, Middle Initial, Last) or	Company Name					/	Application Date:			
Driver's License #		Prov.	Date of Birth				Are you currently an Engaic C	Distributor?		
						re you currently an Enagic Distributor? No □ / Yes □ Enagic ID#:				
Apt# / Mailing Addre	ss		<u> </u>		City		Prov. Postal Code			
						T				
Social Insurance# or Federal Tax#		Phone Number	er			Cell Number				
Fax Number		Email Address	s							
Apt# / Alternate Ship Buzzer#	ping Address				City		Prov.	Postal Code		
Name of Receiver			Cell Number							
Nume of Necesses			Cell Nullibel							
Enroller Information ••• Special	required for SP sto	atus ***			2.					
Enroller name					Signature		Enroller ID Number			
*Sponsor Information										
Sponsor Name					REGIS	STER THIS APP	LICANT AS YOUF	.[]A		
					Under Sponsor					
Phone Number					ID Number:					
*Payment Method										
	SINGL	_E PAYMI	ENT							
		\$2,900.0	0 +	\$40.00	+	+	+ :	= \$		
Calaata Doodust						DCT/70/DC MD				
Select a Product:	U	JKON Σ PI	rice	Shipping	GST (Others 5%)	PST(7%BC,MB 6%SK 9.975%QC)	HST(13%0N 15%NS,NB,NL,PEI)	Total		
TEA	ENIAC	SIC PAYI	ACKIT.	#20 Installmon	t fee plus BC TAX o		Lla.			
☐ TEA / SOAP	- ENAC									
	\$2,900.00 -	▶ \$240.00	+ \$40.00 +		+	+	_ (\$220x11)	= \$		
						HST(13%0N	——11 months			
	UKON Price	Inst. Fee	Shipping	GST (Others 5%)	PST(7%BC,MB 6%SK 9.975%QC)	15%NS,NB,NL,P EI)	Financed	Down Payment		
*Credit Card Information	***	OMDI ET	TON OF ALL	OF THE FOL	LOWING IS RE					
USA VISA	U		ASTERCARE		- AMEX		□ MEDICARD	No Diners Cards		
Card Number			ASTERCARL		CVV#		Expiration Date	No Diners Caras		
							•			
Card Holder Name (Please Print)					Card Holder Signature					
Ihereby certify that the information which states the procedure I m card. This agreement will rema account every time a payment information at least one (1) wee which include the Company's FI certify that I have been furnish incorporated by reference as if my agreement with the Compa purchase this product. I author Upon renewal, I understand I wand \$240.00 installment fee) fo payment. I understand UKONS products. ***BCTAXApplicable 1219853005TQ0001, SK-PST7* *IMPORTANT*All orders we from the second term. Custon email to either pick up their pr	ation provided o ust follow in ord in in effect until is missed. It is the k prior to the po- policies and Provided a copy of the fully set forth he ize Enagic to au ill be charged it tr the first month Sigma will be au uson installment f 135320.	n this Paymer to receive the balance regressions its ayment due cedures and e Company erein. I have to matically ne same down, and \$220.0 tomatically ree. Enagic (or a charge of week from week from	ent Application is e any possible ret is paid in full. It is shill yof the Applic date. By signing if Return Policy. To Policy. To Policy and and unders above is for an in renew for succes wn payment as the control of the following shipped to my m. Canada TAX nun of CAD\$30 for severe in receiving renevalue.	s complete and a futural. I authorize I s the responsibiliticant or the Altern the line below, yr erms and conditrocedures whose stood the aforem sitial term of twel ssive twelve (12) he original purching three (11) mon ailling address even bers: QST 8434	accurate to the best ENAGIC CANADA Copy of the Applicant to ate Payer to inform to use a caknowledgin ions are subject to close a contents (including tentioned document ve (12) months. I under month terms unless ase (plus the applications unless I inform Every four (12) months.	of my knowledge. I h ORP to debit the am o keep track of paym the Company of any g that you have rea thange with or withou any amendments or and agree that this erstand my paymen I submit a Cancellat balle tax for the total chagic to charge \$25 e, and I will be respor	ount I have indicated a ents due. A \$30 Late Fic change in payment an and and understood the til it notice. restatements hereafte sets forth the exclusive t due date of each mon ion Form prior to the ex- purchase price of \$290 100.00 (plus applicable to sible for the payment of the state of the payment of the state of the payment of the pay	od the Return Policy bove from my credit see will be applied to the d/or contact erms and conditions er published) are terms and conditions of th will be the date I piration of the term. 0 plus shipping fee \$40 (ax) as a single		
customers may opt to apply for nearest branch. Print Applicant Name					Print Sponsor Name					
			-, · · · · · · · · · · · · · · · · · · ·							
Applicant Signature			Date		Sponsor Signature			Date		



UKON 2 AGREEMENT FORM

Enagic Vancouver

Enagic Toronto

#101-7460 Edmonds St. Burnaby, BC, V3N 1B2 Tel: (604) 214-0065 Fax: (604) 214-0067 Fax: (416) 445-6594

#23-156 Duncan Mill Rd. North York, ON, M3B 3N2 Tel: (905) 507-1200 vancouver@enagic.ca toronto@enagic.ca

www.enagic.ca

We will be implementing Ukon Sigma Renew program, subject to the terms and conditions herein;

- After completing one entire term (1 year), Ukon Sigma subscription will be automatically renewed.
- A new stock of product will be shipped out to the customer upon new subscription renewal.
- If the Ukon Sigma subscription needs to be cancelled, an Ukon Sigma Cancellation Form must be submitted at least 15 days prior the Renewal Date.

GENUKUNZ
Please select the type of subscription:
One-time Only Subscription (Please fill out a Cancellation Form)
Yearly Auto-Renewal Subscription

- o I certify that I have read, understood, and agreed to the terms set forth in this agreement. I further certify that
- I have received a copy of this agreement

NAME		
ID#	(Office use only)	
	SIGNATURE	DATE

KANI IIZA IT



VANCOUVER BRANCH TORONTO BRANCH

101 - 7460 Edmonds St. Burnaby, BC V3N 1B2 vancouver@enagic.com

23 - 156 Duncan Mill Rd. North York, ON M3B 3N2 T: (604) 214 0065 F: (604) 214 0067 T: (905) 507 1200 F: (416) 445 6594 toronto@enagic.com

UKON Sigma Σ

Cancellation Request Form

l,	, ID# am hereby formally
the	uesting the cancellation of my Kangen Ukon program. I understand that from date this cancellation is processed, I will no longer be eligible to have my SP us continue as per the terms agreed upon in the Kangen Ukon application.
Ple	ase note:
•	Your SP status will end the day you request your Kangen Ukon cancellation. (However, if you have a direct sale within 90 days of cancellation, your SP status will remain until it expires.)
•	You are responsible for the payment of all received UKON products.
•	You cannot sign up for any Kangen Ukon program in the future until any outstanding balance is paid in full.
•	All cancellation requests must be made at least 15 business days prior to the payment withdrawal date, and a "Kangen Ukon Cancellation Request Form" must be submitted by that time.
•	After cancelling your UKON subscription you will no longer be eligible to receive commissions for UKON sales.
•	The machine linked to this Ukon Sigma ID number will no longer be protected which, as a result, will affect your SP Points and Ukon Commission.
Sig	gnature
Da	te

Enagic®

ENAGIC CANADA CORPORATION

101-7460 EDMONDS ST. BURNABY BC V3N 1B2

Phone (604) 214-0065 Fax (604) 214-0067 www.enagic.ca

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 Annual Revenues for the past 12 month	s from all businesses (including
Enagic commissions):	
□ Under \$30,000	
□ Over \$30,000	
By signing this document, we jointly elect to h	nave the NSM rules apply to network
commissions at all times when an approval g	1 1 7
understand that this election is not valid if the	
refused by CRA.	1,
Certification – Enagic	
_	in this election, and any document attached, is
true, correct and complete to the best of our	
authorized to sign on behalf of Enagic.	
Signature of authorized representative of Enc	agic
14	
The state of the s	2 0 1 9 - 0 1 - 1 5
Gotaro Hamagawa, General manager / Vice	· · · · · · · · · · · · · · · · · · ·
Certification – Distributor	
I hereby certify that the information given in t	his 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 dist	ributor
Printed name, Title	Date (YYYY-MM-DD)
	,

Canada Return Policy Effective January 2023



All returns must be submitted within 15 days of receiving the product.

Return Policy of Unused product:

- ① All returns under this category must be in an unused condition (must not be damaged, installed or used), in the original packaging and with all warranty cards, manuals, and accessories. **Enagic Canada** reserves the right to inspect returns.
- ② The \$100 restocking fee plus tax (according to the register location) will be withdrawn from the re-credited amount.

Return Policy of Used Product:

① The Cancellation fee is 15% of the unit process plus tax (according to the register location) will be charged.

Product Condition	Model	K8	SD501 PT	SD 501	JRIV	Anespa	UKON Sigma	UKON DD	Member Anespa	Member UKON DD
	Restocking	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$50
UNUSED	fee+Tax	+tax	+tax	+tax	+tax	+tax	+tax	+tax	+tax	+ tax
USED	Cancellation fee+Tax	\$855 + tax	\$742.50 + tax	\$705 + tax	\$600 +tax	\$540 + tax	\$435 + tax	\$157.50 +tax	\$420 + tax	\$141 +tax

Processing of Returns:

- Fill out the "Return Authorization form" and submit it to: canada-sales@enagic.ca
- 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.
- 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.
 - 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	/	/	