Enagic Vancouver Enagic Toronto

#101-7460 Edmonds St. Burnaby, BC, V3N 1B2 Tel: (604) 214-0065 Tel: (905) 507-1200 Fax: (604) 214-0067 Fax: (416) 445-6594

#23-156 Duncan Mill Rd. North York, ON, M3B 3N2



UKON DD Order Form & Distributor Application

www.en	agic.ca		*Autom	iatic Rene	wal	every 4 months*	* Di	istributor ID # <do< th=""><th>not till in></th></do<>	not till in>	
N	ew Machi	ine/Uko	n order	s must	be (emailed to g	oc.can@e	nagic.com		
*Applicant Information										
Legal Name (First, Middle Initial, Last) or C	Company Name							Application Date:		
Driver's License #		Prov. D	Date of Birth					Are you currently an Enag	aic Distributor?	
Divers need se #		Prov.	die or biriri					No □ / Yes □ Enag	-	
Apt# / Mailing Address Buzzer#		<u> </u>			(City		Prov.	Postal Code	
Social Insurance# or Federal Tax#	·	Phone Number	_	_	_		Cell Number			
Fax Number		Email Address					<u> </u>			
Apt# / Alternate Shippin	ng Address				(City		Prov.	Postal Code	
Buzzer#										
Name of Receiver			Cell Number							
- " '					_					
Enroller Information *** Special re Enroller name	equired for SP statu	is ***				Signature		Enroller ID		
								Number		
*Sponsor Information										
Sponsor Name					_	REGIST	ER THIS APPL	ICANT AS YOUR	R[]A	
						Under Sponsor				
Phone Number						ID Number:			1	
*Payment Method **Loya	alty Discount on	nly applies to	E8PA card h	nolders						
	1	PAYMEN								
	\$1050			. ¢15(20		-	-	Φ.	
C-last a Draduct	φ1000 	J.UU - 	\$110.00	+ \$15.0)()	+	+	+	= \$	
Select a Product:	UKON F	Price	Loyalty Discount for E8PA MEMBERS only	Shippin	ng	GST (Others 5%)	PST(7%BC,MB 6%SK 9.975%QC)	HST(13%0N 15%NS,NB,NL,PEI)	Total	
☐ TEA / SOAP	□ ENAGI			Installment	Fee r	oer month + BC TAX	applies for finance	e plan (\$10.00 x 4 ins	etallment payments)	
								(\$260x3) + S40***		
	\$1050.00 -	<i>\$110.00</i> +	\$15.00 +	+	_	+	+	_ (\$260x3) + \$40*** 3 months	= \$	
	UKON Price - L Discount(E8PA co only)		Shipping	GST (Others 5%	%)	PST _{(7%BC,MB 6%SK} 9.975%QC)	HST(13%0N 15%NS,NB,NL,PEI)	Financed Amount + *Inst. Fee	Down Payment	
*Credit Card Information	***CC	MPLETIOI	N OF ALL (OF THE FO	OLLC	OWING IS REQUI	IRED***			
C. 33		- VIS				MASTERCAR		□ AMEX	No Diners Cards	
Card Number						CVV#		Expiration Date	-	
					Ì				I	
Card Holder Name (Please Print)						Card Holder Signature				
* Please	fill out Alternat	e Payer form	n if someone	beside the c	<mark>applic</mark>	cant will be making d	d <mark>own payment ar</mark>	id/or monthly paym	ient.	
I hereby certify that the informat which states the procedure I mic card. This agreement will remait account every time a payment information at least one (1) wee which include the Company's P Leetlify that I have been furnish incorporated by reference as if of my agreement with the Compurchase this product. I authorit month term. Upon renewal, I un for the first month, and \$260.00 of UKON will be automatically son installmentfee. EnagleCana *IMPORTANT*All orders will the second term. Customers w to either pick up their products may opt to apply for shipping fe	uust follow in orde in in in effect until the is missed. It is the sk prior to the pay oblicies and Proceed a copy of the payn. I understant ize Enagic to autoderstand! will be of or the following shipped to my modaTAXnumbers: Ill be subject to a will have I week for have them si	er to receive ar the balance is per to receive ar the balance is per ersponsibility yment due dat eledures and Recompany's Pierein. I have recomd payment a tomatically rene charged \$26 g three (3) mom alling address sc GST8434753 a charge of Coffrom receiving thipped. Within	ny possible ref paid in full. It is paid in full. It is yof the Applicite. By signing a term Policy. To the paid and unders adove is for an ewe for succes 60.00 (plus the this unless I intil every four (4) 351RT0001, M	ofund. I authorist authorist authorist can to r the Althe line below. Ferms and corrocedures who stood the afor in initial term of initial term of form Enagic the months, and IMB-PST84347.	rize EN. ibility of ternate v, you of ndition lose comen of four (from the comment of the chart	AGIC CANADA CORP- of the Applicant to keet e Payer to inform the C are acknowledging the sontents (including any vitioned document and (4) months. I understan terms unless I submit the total purchase pric irge \$1050.00 (plus apperersponsible for the p	of a debit the amour pp track of payment Company of any chi and you have read at ge with or without in amendments or rest d agree that this set at a Cancellation For ce of \$1050 plus shi plicable tax) as a sir payment of all receit 10114680, QC-PST	nt I have indicated abot is due. A \$20 Late Fee ange in payment and, nd understood the terioloice. It is a statements hereafter is forth the exclusive tee date of each month in prior to the expiration ping fee \$15 and \$41 ngle payment. I understved UKON products.	ove from my credit e el di be applied to the d'or contact rms and conditions uill be the defended on the defended on the defended on the four (4) to the four (4) to the four (10) boxes **** BCTAXApplicable	
branch. Print Applicant Name					4	Print Sponsor Name				
						·				
Applicant Signature		D	Date			Sponsor Signature			Date	



KANGEN UKON

Cancellation Request Form

Enagic Vancouver Enagic Toronto

#101-7460 Edmonds St. | #23-156 Duncan Mill Rd. vancouver@enagic.ca toronto@enagic.ca

Burnaby, BC, V3N 1B2 North York, ON, M3B 3N2

www.enagic.ca

l,	,ID#	am hereby formally
requesting the	cancellation of my Kangen Ukon progr	am. I understand that from
the date this co	ancellation is processed, I will no longe	r be eligible to have my SP
status continue	e as per the terms agreed upon in the K	Kangen Ukon application.

Please 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 5 business days prior to the payment withdrawal date, and a "Kangen Ukon Cancellation Request Form" must be submitted by that time.
- After renewing your UKON Subscription for 3 terms (12 months) this ID number will become a PERMANENT ID number which is similar to a Machine ID number.
- After cancelling your UKON subscription, it will not be reinstated and you will no longer be eligible to receive UKON benefit.

Please send all cancellations to collections@enagic.ca

Signature			
Date			

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	((Engric!)
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)	RI
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	have the NSM rules apply to network
commissions at all times when an approval gi	
understand that this election is not valid if the	
refused by CRA.	application by Enagle to use the NSIM is
Certification – Enagic	
, , , , , , , , , , , , , , , , , , ,	in this election, and any document attached, is
true, correct and complete to the best of our	knowleage and that Gotaro Hamagawa is
authorized to sign on behalf of Enagic.	
Signature of authorized representative of Ena	gic
- American	2 0 1 9 - 0 1 - 1 5
Gotaro Hamagawa, General munager / Vice	nresident Date (YYYY-MM-DD)
Coldio Hamagawa, Ceneral Menager / Vice	
Certification – Distributor	·
	his algorithm, and any document attached is
hereby certify that the information given in t	·
· · · · · · · · · · · · · · · · · · ·	knowledge and that I am the distributor or I am
authorized to sign on behalf of the distributor.	
Signature of authorized representative of disti	TIDUTOR
Drivata el la gua a Titla	Data WWW LILL DD
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	<u></u>		SD501				UKON	UKON	Member	Member
	Model	K8	PT	SD 501	JRIV	Anespa	Sigma	DD	Anespa	UKON DD
11 m 11 m 1 m m	Restocking	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$50
UNUSED	fee+Tax	+tax	+tax	+tax	+ tax	+tax	+tax	+tax	+tax	+tax
	Cancellation	\$855	\$742.50	\$705	\$600	\$540	\$435	\$157.50	\$420	\$141
USED	fee+Tax	+tax	+tax	+tax	+tax	+tax	+tax	+tax	+tax	+ 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.
 - <u>I certify that I have read, understood, and agreed to the terms set forth in this policy. I further certify that</u>
 - I have received a copy of this policy.

Print name:	
Signature:	Date//