

#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



Distributor ID # <do not fill in>

www.enagic.ca

ENAGIC CANADA CORP.

New Machine/Ukon orders must be emailed to goc.can@enagic.com

Applicant Information

<hr/>	<hr/>	/	/	Application Date
Driver's License #	Social Insurance # or Federal Tax#			
<hr/>			<hr/>	
Name (First, Middle Initial, Last) or Company Name			Date of Birth (MM/DD/YY)	
<hr/>			<hr/>	
Address	City	Prov.	Postal Code	
<hr/>			<hr/>	
Phone Number	Fax Number			
<hr/>			<hr/>	
Cell Number	Email Address			
<hr/>			<hr/>	
Alternate shipping address	City	Prov.	Postal Code	
<hr/>				

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

Enroller Name	Signature	Enroller ID Number
<hr/>		

Sponsor Information

Sponsor Name	Phone Number	Sponsor ID Number
<hr/>		

Register the applicant as Your [] A

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"/> ANESPA DX	<input type="checkbox"/> Single Payment \$ 30 + \$ + \$ + \$ = \$	Total
	Shipping Fee GST 5% (Others,BC) HST(13%ON) 15%NS,NB,NL,PEI PST(7%BC,MB 6%SK 9.975%QC)	
	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** >	
	3 m 6 m 10 m \$ +30 + \$ + \$ + \$ = \$	
	16 m Handling + GST 5% PST(7%BC,MB 6%SK 9.975%QC) HST(13%ON) Deposit Down Payment	
	20 m Shipping Fee (Others,BC) 15%NS,NB,NL,PEI	
	24 m	

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

Card Number <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	CVV #	Expiration Date
<hr/>		

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

Alternate Payer

<hr/>	<hr/>	<hr/>	<hr/>
Distributor ID Number	Print Name	Signature(Sponsor or Buyer)	Date

Alternate Pick-Up

<hr/>	<hr/>	<hr/>	<hr/>
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.**

<hr/>	<hr/>	<hr/>	<hr/>
Applicant Signature	Date	Sponsor Signature	Date

SHIP PICKUP

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Cell Number	Email Address	
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Alternate shipping address	City	Prov. Postal Code
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Enroller Information * Special required for SP status *****

Enroller Name	Signature	Enroller ID Number
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Sponsor Information

Sponsor Name

Register the applicant as Your [] A

Phone Number

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	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** > 3 m 6 m 10 m 16 m 20 m 24 m	
Product Retail Price \$ _____	+ \$ 30 + \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____	Down Payment
	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	

Credit Card Information Credit Card Debit Cheque Mediacard *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! ** >

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Alternate Payer

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Alternate shipping address	City	Prov. Postal Code
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<hr/>	<hr/>	<hr/>	<hr/>
Applicant Signature	Date	Sponsor Signature	Date

SHIP PICKUP



Distributor ID # <do not fill in>

Automatic Renewal every 4 months

www.enagic.ca

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***Applicant Information**

Legal Name (First, Middle Initial, Last) or Company Name			Application Date:		
Driver's License #	Prov.	Date of Birth	Are you currently an Enagic Distributor? No <input type="checkbox"/> / Yes <input type="checkbox"/> Enagic ID#:		
Mailing Address		City	Prov.	Postal Code	
Social Insurance# or Federal Tax#	Phone Number	Cell Number			
Fax Number	Email Address				
Alternate Shipping Address		City	Prov.	Postal Code	

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

Enroller name	Signature	ID Number
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***Sponsor Information**

Sponsor Name	REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number:
Phone Number	

***Payment Method **Loyalty Discount only applies to E8PA card holders**

Select a Product: <input type="checkbox"/> TEA <input type="checkbox"/> TEA / SOAP	<input type="checkbox"/> SINGLE PAYMENT						
	\$880.00	- \$80.00	+ \$15.00	+	+	+	= \$
	UKON Price	Loyalty Discount for E8PA MEMBERS only	Shipping	GST (Others 5%)	PST(7%BC,MB 6%SK 9.975%QC)	HST(13%ON 15%NS,NB,NL,PEI)	Total
	<input type="checkbox"/> ENAGIC PAYMENT : * \$10 Installment Fee per month + BC TAX applies for finance plan (\$10.00 x 4 installment payments)						
\$880.00	- \$80.00	+ \$15.00	+	+	- (\$220x3) + \$40***	3 months	= \$
UKON Price - Loyalty Discount(E8PA card holder only)	Shipping	GST (Others 5%)	PST(7%BC,MB 6%SK 9.975%QC)	HST(13%ON 15%NS,NB,NL,PEI)	Financed Amount + *Inst. Fee	Down Payment	

Credit Card Information ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED**

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <i>No Diners Cards</i>		
Card Number	CVV #	Expiration Date
Card Holder Name (Please Print)	Card Holder Signature	

*** Please fill out Alternate Payer form if someone beside the applicant will be making down payment and/or monthly payment.**

I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I have read and understood the Return Policy which states the procedure I must follow in order to receive any possible refund. I authorize ENAGIC CANADA CORP to debit the amount I have indicated above from my credit card. This agreement will remain in effect until the balance is paid in full. It is the responsibility of the Applicant to keep track of payments due. A \$20 Late Fee will be applied to the account every time a payment is missed. It is the responsibility of the Applicant or the Alternate Payer to inform the Company of any change in payment and/or contact information at least one (1) week prior to the payment due date. By signing the line below, you are acknowledging that you have read and understood the terms and conditions which include the Company's Policies and Procedures and Return Policy. Terms and conditions are subject to change with or without notice.

I certify that I have been furnished a copy of the Company's Policies and Procedures whose contents (including any amendments or restatements hereafter published) are incorporated by reference as if fully set forth herein. I have read and understood the aforementioned document and agree that this sets forth the exclusive terms and conditions of my agreement with the Company. I understand payment above is for an initial term of four (4) months. I understand my payment due date of each month will be the date I purchase this product. I authorize Enagic to automatically renew for successive four (4) month terms unless I submit a Cancellation Form prior to the expiration of the four (4) month term. Upon renewal, I understand I will be charged \$220.00 (plus the applicable tax for the total purchase price of \$880 plus shipping fee \$15 and \$40.00 installment fee) for the first month, and \$220.00 for the following three (3) months unless I inform Enagic to charge \$880.00 (plus applicable tax) as a single payment. I understand ten (10) boxes of UKON will be automatically shipped to my mailing address every four (4) months, and I will be responsible for the payment of all received UKON products. ***** BC TAX Applicable on Installment fee. Enagic Canada TAX numbers: GST 843475351 RT0001, MB-PST 843475351 MT0001, BC-PST PST10114680, QC-PST 1219853005TQ0001, SK-PST 7135320.**

IMPORTANT All orders will be subject to a charge of **CAD\$15** for shipping fee from the second term. Customers will have 1 week from receiving renewal notification email to either pick up their products or have them shipped. Within this week all customers may opt to apply for shipping fee refund and pick up their products at the nearest branch.

***Applicant Signature**

Print Applicant Name	Print Sponsor Name
Applicant Signature	Sponsor Signature
Date	Date



KANGEN UKON

Cancellation Request Form

Enagic Vancouver

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Tel: (604) 214-0065
Fax: (604) 214-0067
vancouver@enagic.ca

Enagic Toronto

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

www.enagic.ca

I, _____, ID# _____ am hereby formally requesting the cancellation of my Kangen Ukon program. I understand that from the date this cancellation is processed, I will no longer be eligible to have my SP status continue as per the terms agreed upon in the 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 _____

Canada Return Policy Effective January 2023



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

Return Policy of Unused product:

- 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.
- The \$100 restocking fee plus tax (according to the register location) will be withdrawn from the re-credited amount.

Return Policy of Used Product:

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

Product Condition / Model		SD501		SD 501	JRIV	Anespa	UKON Sigma	UKON DD	Member	
		K8	PT						Anespa	UKON DD
UNUSED	Restocking fee + Tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$50 + tax
	Cancellation fee + Tax	\$855 + tax	\$742.50 + tax	\$705 + tax	\$600 + tax	\$540 + tax	\$345 + tax	\$132 + tax	\$420 + tax	\$120 + tax
USED										

Processing of Returns:

- Fill out the "Return Authorization form" and submit it to either branch below:
Vancouver branch at vancouver@enagic.ca or Fax (604)214-0067;
Toronto branch at toronto@enagic.ca or Fax (416)445-6594.
- 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 ___/___/_____



ENAGIC CANADA CORPORATION

101-7460 EDMONDS ST. BURNABY BC V3N 1B2

Phone (604) 214-0065

Fax (604) 214-0067

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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 Annual Revenues for the past 12 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

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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)