

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

Applicant Information

Driver's License # Social Insurance # or Federal Tax# Application Date

Name (First, Middle Initial, Last) or Company Name Date of Birth (MM/DD/YY)

Apt#, Buzzer#, etc. Mailing Address City Prov. Postal Code

Phone Number Fax Number

Cell Number Email Address

Apt#, Buzzer#, etc. Alternate shipping address City Prov. Postal Code

Name of Receiver Cell Number

Enroller Information *** Special required for SP status *** Enroller Name Signature Enroller ID Number

Sponsor Information

Sponsor Name

Register the applicant as Your [] A Phone Number Sponsor ID Number

ITEM ORDERED PAYMENT METHOD
Single Payment \$30 + \$ + \$ + \$ = \$
Enagic Payment < ** Enagic Payment System Application required! ** >
Product Retail Price \$
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 = \$ Down Payment

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

Card Number Visa MasterCard AMEX CVW # Expiration Date

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

Alternate Payer

Distributor ID Number Print Name Signature(Sponsor or Buyer) Relation Date

Alternate Pick-Up

Distributor Driver's License Number Print Name Signature(Sponsor or Buyer) Relation 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

Enagic Vancouver

#101-7460 Edmonds St.

Burnaby, BC, V3N 1B2

Tel: (604) 214-0065

Fax: (604) 214-0067

E-mail: vancouver@enagic.ca

Enagic Toronto

#23-156 Duncan Mill Rd.

North York, ON, M3B 3N2

Tel: (905) 507-1200

Fax: (416) 445-6594

E-mail: toronto@enagic.ca

**Enagic Automatic Payment Application
for an Individual Account**Date: www.enagic.ca**ENAGIC CANADA CORP.**New Machine/Ukon orders must be emailed to goc.can@enagic.com

Office Use Only Initial:				Notice to Applicant(s)			
Distributor ID		Product		Important! Are you currently paying for another machine using the Enagic Payment System? Yes <input type="checkbox"/> / No <input type="checkbox"/> This application must be filled in completely except for the portion marked office use only.			
Unit Price		Installment Charge					
Down payment		Finance Amount Requested					
Applicant Information				Alternate Payer Information			
Applicant's Full Name:				Alternate payer's Full Name:			
SIN#:				Relationship:		SIN#: ID#:	
Driver's License:		Province:		Driver's License:		Province:	
Phone #:		Alternate Phone #:		Phone #:		Alternate Phone #:	
E-mail:				E-mail:			
Address:				Address:			
City:		Province:		City:		Province:	
Post Code:				Post Code:			
Years of Residence:				Years of Residence:			
Monthly Housing Payment:		Own / Rent / Other		Monthly Housing Payment:		Own / Rent / Other	
Occupation:				Occupation:			
Current Employer Name:				Current Employer Name:			
Work Phone #:		Years with employer:		Work Phone #:		Years with Employer:	
<input type="checkbox"/> Gross Annual Income		<input type="checkbox"/> Other Income:		<input type="checkbox"/> Gross Annual Income		<input type="checkbox"/> Other Income:	
Please provide us with 2 creditors you are currently financing with. (use only as a reference)				Please provide us with 2 creditors you are currently financing with. (use only as a reference)			
Creditor		Purpose for payer		Due date		Amount	
Emergency Contact Name:		Phone:		Relationship:			
Monthly Payment Amount		\$		Number of Payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 20 <input type="checkbox"/> 24 According to machine			
Withdrawal Date		<input type="checkbox"/> 1st <input type="checkbox"/> 15th		Start Date / /		End Date / /	
Payment Options							
Credit Card Information:		VISA <input type="checkbox"/> MASTER <input type="checkbox"/>		(* AMEX IS NOT ALLOWED TO USE FOR MONTHLY PAYMENT *)			
Card Number:		Exp. Date:		CVV:			
*Chequing account information (currently we only accept chequing accounts):							
Institution:							
Transit		(Please provide Pre-Authorized Form Or a void cheque)					
Routing Number:		Account Number:					
*For the monthly payment by cheque, We still require credit card information to secure the payment.							
I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I authorize ENAGIC CANADA to debit the amount I have indicated above from my bank account or credit card. This agreement will remain in effect until the balance of my payment is paid in full. By signing the line below you are acknowledging that you have read and understood the terms and conditions. Terms and conditions are subject to change without notice. If you fail to make a monthly payment, Enagic may offset the payment amount from your commission. You cannot sell your machine if your payment is not finished. If we have not received your payment a \$20 late/skip payment fee will be charged to your account per-incident and it will not be refundable. If your cheque bounces or there is no sufficient fund in your account, a \$30 Non-Suff Funds and a \$20 late fee will be charged to your account per-incident and it will not be refundable.							
Applicant's Signature:				Alternate Payer's Signature:			
Print Applicant's Name:		Date:		Print Alternate Payer's Name:		Date:	



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 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

2 0 1 9 - 0 1 - 1 5

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)

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		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: 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 ___/___/_____