

Enagic Vancouver

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Burnaby, BC, V3N 1B2
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Enagic Toronto

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ENAGIC CANADA CORP.

**Product Order Form
& Distributor Agreement**

Distributor ID # <do not fill in>

www.enagic.ca

New orders must be emailed at sales-bc@enagic.ca (west coast) / sales-on@enagic.ca (east coast)

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) _____	
Address _____		City _____		Prov. _____	Postal Code _____
Phone Number _____		Fax Number _____			
Cell Number _____		Email Address _____			
Alternate shipping address _____		City _____		Prov. _____	Postal Code _____

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

Enroller Name _____	Signature _____	Distributor ID Number _____
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Sponsor Information

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

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"/> PT TRADE IN <input type="checkbox"/> ANESPA DX	<input type="checkbox"/> Single Payment \$ 30 + \$ _____ + \$ _____ + \$ _____ = \$ _____ 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 \$ _____ +30 + _____ + \$ _____ + _____ + \$ _____ = \$ _____ 10 m Handling + GST 5% PST(7%BC,MB 6%SK HST(13%ON) 12 m Shipping Fee (Others,BC) 9.975%QC) 15%NS,NB,NL,PEI Deposit Down Payment 16 m	Total Down Payment

Credit Card Information		<input type="checkbox"/> Credit Card	<input type="checkbox"/> Debit	<input type="checkbox"/> Cheque	<input type="checkbox"/> Mediacard	<i>No Diners cards No cash</i>
Card Number <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX _____	CVV # _____	Expiration Date _____ / _____ / _____				
Card Holder's Name (First, Middle Initial, Last) < ** If different from applicant, Alternate Payer signature required! ** >						

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

Sponsor ID Number _____	Print Name(Sponsor) _____	Signature(Sponsor) _____	Date _____
6A ID number _____	Print Name(6A) _____	Signature(6A) _____	Date _____

Alternate Payer

Distributor ID Number _____	Print Name _____	Signature(Sponsor or Buyer) _____	Date _____
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Alternate Pick-Up

Distributor Driver's License Number _____	Print Name _____	Signature(Sponsor or Buyer) _____	Date _____
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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 _____
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SHIP
 PICKUP