

Enagic Vancouver

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

Enagic Toronto

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

ENAGIC CANADA CORP.

Product Order Form
& Distributor Agreement

Distributor ID # <do not fill in>

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				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 <input type="checkbox"/> Enagic Payment <** Enagic Payment System Application required! **> <input type="checkbox"/> 3 m <input type="checkbox"/> 6 m <input type="checkbox"/> 10 m <input type="checkbox"/> 16 m <input type="checkbox"/> 20 m <input type="checkbox"/> 24 m	\$ 40 + \$ _____ + \$ _____ + \$ _____ = \$ _____ Shipping Fee GST 5% (Others,BC) HST(13%ON, 14%NS, 15%NB,NL,PEI) PST(7%BC,MB 6%SK 9.975%QC)	Total		\$ _____
Product Retail Price \$ _____	\$ _____ +40 + \$ _____ + \$ _____ + \$ _____ = \$ _____ Handling + Shipping Fee GST 5% (Others,BC) PST(7%BC,MB 6%SK 9.975%QC) HST(13%ON, 14%NS, 15%NB,NL,PEI) Deposit Down Payment				

Credit Card Information ☐ Credit Card ☐ Debit ☐ Cheque ☐ Medicaid *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! **> _____

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 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		K8	SD501 PT	SD 501	JRIV	Anespa	UKON Sigma	UKON DD	Member Anespa	Member 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 ____/____/____