UKON Order Form & Distributor Application

Enagic USA, Inc.
Headquarters
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UKON (Finance Payment)
Annual Auto-Renewal
PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

*Applicant Information

NAME

First Name or Company Name | **Middle Name** (or Middle Initial) | Application Date:

Last Name(s)

Are you currently an Enagic Distributor?
○ No
○ Yes ENAGIC ID #

Driver's License # | State | Date of Birth

Mailing Address (must match W9) | City | State | Zip Code

SS# | Phone Number

Cell Number | Fax Number | Email Address

Billing Address (if different from mailing address) | City | State | Zip Code

Shipping Address (if different from mailing address)
C/O
Address | City | State | Zip Code | Phone Number

*Enroller and Sponsor Information (if applicable)

Enroller Name | Enroller ID | Phone Number

Sponsor Name ☐ Same as Above

Phone Number

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

ITEM ORDERED	Payment Amount **$20 per month installment fee applies
○ **KANGEN UKON SIGMA** **12-Month Term and Supply** **$175 / Monthly Payment** **SP Benefit**	○ Capsule (30 Boxes) ○ Combination: Capsule (20 Boxes), Tea (5 Boxes), Soap (16 Bars) **$1980 + $240**** - **($175 x 11)** + _____ + **$27** = $ _____ UKON Price - Finance Amount + Tax + Shipping = **TOTAL**
○ **KANGEN UKON DD*** **4-Month Supply shipped every 4 months** **$180 / Monthly Payment** **SP Benefit** ***Must complete 12-Month Term**	○ Capsule (10 Boxes) ○ Tea (10 Boxes) ○ Soap (32 Bars) ○ Combination (Circle 2 items) ☐ **Capsule** ☐ **Tea** ☐ **Soap** **$760 + $80**** - **($180 x 3)** + _____ + **$23** = $ _____ UKON Price + Tax + Shipping = **TOTAL**

*Payment Information : *CREDIT CARD* ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED*** ☐

For security purposes, we will send you a link to add credit card information. The link will be sent to the email address you provided on this application. Please make sure it is written clearly to avoid any delays.

*Track your shipment using the tracking number provided. If more than 20 DAYS have elapsed since your purchase date, contact Enagic USA IMMEDIATELY by emailing support@enagic.com or by calling (424) 307-0005 during normal business hours. Enagic USA will not be responsible for any claims after 25 DAYS from the confirmed delivery date.

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

I certify that I have been furnished a copy of, and have read, understand, and agree to the provisions in Enagic USA, Inc.'s Policies and Procedures manual, which (with any amendments or restatements furnished by Enagic USA after this date) are hereby incorporated by reference as if fully set forth herein and set forth the exclusive terms and conditions of my agreement with Enagic USA, Inc.

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize ENAGIC USA, INC to debit the amount I have indicated above from my bank account or credit card for the finance term indicated above.

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 USA to automatically renew payment at the end of each term unless I submit a Cancellation Form the expiration of the term. Upon renewal, I understand and agree that the Renewal Term Payment is due on the date when the current term expires. For example, if the current term expires on March 13, then the Renewal Term Payment is dues the same day. This applies to all Renewal Payments due until the Ukon account is cancelled by the account holder or is terminated by the company. All Ukon accounts must complete at least one (1) 12-month term before cancellation.

I understand it is the responsibility of the Applicant to keep track of any payment(s) due. A $20 Late Fee will be applied to the account with each missed payment.

If you fail to make a monthly or renewal payment within ten (10) days from the due date, your account may be suspended or terminated.

Any SP Benefit which is attached to this product will be discontinued at the time of suspension or termination of the account.

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 with or without notice. This agreement is governed by the law of California and proper venue will lie in a court of competent jurisdiction located nearest to the Company's headquarters.

Print Applicant Name (Company and Agent name if signed behalf of a company)	Print Enroller Name (Company and Agent name if signed behalf of a company)
Applicant Signature Date	Enroller Signature Date

Change Your Water...
Change Your Life™

REVISED APRIL 2024