



Enagic USA, Inc.

CORPORATE HEADQUARTERS
4115 Spencer Street, Torrance, CA 90503

www.enagic.com

Kangen Ukon Reactivation Form

Name: _____

Enagic ID #: _____

Email Address: _____

I, _____, am requesting to reactivate my Enagic/Ukon ID # _____ . I understand and agree that Enagic USA, Inc. will not adjust any commissions that were missed, if any, during the period of my termination.

I understand my Ukon account will be reactivated within three (3) business days payment is collected in the amount of \$ _____ and this letter is accepted.

I will be updating the following card number for this payment and any future payments on my Ukon account.

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.

City: _____ State: _____ ZIP Code: _____

Shipping Address: _____

Ukon Product: _____

Signature: _____

Date: _____

Please note:

1. It is at the Company's sole discretion to approve/deny reactivation.
2. Reactivation is not allowed more than one (1) year from the termination/cancellation date
3. Please allow processing time for your reactivation to be reviewed and payment collected.
4. Any outstanding balance and missed renewals must be paid in a single payment.
5. Request to upgrade or downgrade your existing Ukon account can be accepted at least five (5) business days prior to the next scheduled renewal date after the account has been reactivated.

Revised 08/03/23