

UKONΣ New Order Form & Distributor Application

Enagic USA, Inc.

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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? <input type="checkbox"/> No <input type="checkbox"/> 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		Phone Number	
Address		City	State Zip Code
*Sponsor Information			
Sponsor Name		REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number: _____	
Phone Number			
ITEM ORDERED	PAYMENT METHOD		
KANGEN UKONΣ New select one of the items below <input type="checkbox"/> Capsule (30 Boxes) <input type="checkbox"/> Combination Capsule (20 Boxes) Tea (10 Boxes) Soap (16 Bars)	<input type="checkbox"/> SINGLE PAYMENT Sales _____		
	$\begin{array}{rccccccc} \$1,980 & + & & + & \$20 & = & \$ \\ \hline \text{UKON Price} & & \text{Tax} & & \text{Shipping} & & \text{Total} \end{array}$		
	<input type="checkbox"/> ENAGIC PAYMENT: *** \$10 Installment Fee per month applies for fiance plan (\$10 x 11 installment payments)		
	$\begin{array}{rccccccc} \$1980 + \$120 & - & (\$175 \times 11) & + & & + & \$20 & = & \$ \\ \hline \text{UKON Price} & & \text{Finance Amount} & & \text{Tax} & & \text{Shipping} & & \text{Down Payment} \end{array}$		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <i>No Diner's Cards</i>			
Credit Card Number / Checking Account Number		Expiration Date / Checking Account Routing Number	CVV #
Card Holder Name (Print Clearly)		Card Holder Signature	
*** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly payment. ***			
I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. 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, INC. ("Company") to debit the amount I have indicated above from my credit card. I understand and agree that the balance must be paid in full, including any applicable late fees or charges. I understand my payment due date of each month will be the date I purchase this product. It is the responsibility of the Applicant to keep track of payments due. A \$20 Late Fee will be applied to the account every time a payment is missed. If you fail to make a monthly payment, Enagic may offset the payment amount from your commissions. SP Benefit comes with this product will be stopped if monthly payment is delayed more than 10 days from a due date. It is the responsibility of the Applicant or the Alternate Payer to inform the Company of any change in payment and/or contact information at least one (1) week prior to the payment due date. By signing the line below, you are acknowledging that you have read and understood the terms and conditions which include the Company's Policies and Procedures and Return Policy. Terms and Conditions are subject to change with or without notice. This Agreement is governed by the laws of California and proper venue will lie in a court of competent jurisdiction located nearest to the Company's headquarters.			
I certify that I have been furnished a copy of the Company's Policies and Procedures whose contents (including any amendments or restatements hereafter published) are incorporated by reference as if fully set forth herein. I have read and understood the aforementioned document and agree that this sets forth the exclusive terms and conditions of my agreement with the Company.			
Applicant Name		Print Sponsor Name	
Applicant Signature	Date	Sponsor Signature	Date