

# UKON Order Form & Distributor Application



**Enagic USA, Inc.**  
 Headquarters  
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## UKON Finance Payment

**PRINT CLEARLY**

OFFICE USE ONLY <Do NOT Fill In>

**\*Applicant Information**

<b>NAME</b>	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
SS#			Phone Number	
Cell Number		Fax Number	Email Address	
Billing Address (if different from mailing address)			City	State
Shipping Address (if different from mailing address) C/O			Phone Number	
Address			City	State

**\*Sponsor Information**

Sponsor Name	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>REGISTER THIS APPLICANT AS YOUR [ ] A</b>                  Under Sponsor                  ID Number: _____             </div>
Phone Number	Sales

ITEM ORDERED	Payment Amount <b>**\$10 per month installment fee applies</b>
<input type="checkbox"/> <b>KANGEN UKONΣ New</b> 12 Months Term \$175 / month	<input type="checkbox"/> Capsule (30 Boxes) <input type="checkbox"/> Combination: Capsule (20 Boxes), Tea (10 Boxes), Soap (16 Bars)  $\frac{\$1980 + \$120^{**}}{\text{UKON Price}} - \frac{(\$175 \times 11)}{\text{Finance Amount}} + \frac{\quad}{\text{Tax}} + \frac{\$20}{\text{Shipping}} = \$ \frac{\quad}{\text{TOTAL}}$
<input type="checkbox"/> <b>KANGEN UKON</b> 4 Months Term \$180 / month	<input type="checkbox"/> Capsule (10 Boxes) <input type="checkbox"/> Tea (20 Boxes) <input type="checkbox"/> Soap (32 Bars) <input type="checkbox"/> Combination (Circle 2 items)    *Capsule *Tea *Soap  $\frac{\$760 + \$40^{**}}{\text{UKON Price}} - \frac{(\$180 \times 3)}{\text{Tax}} + \frac{\quad}{\text{Shipping}} = \$ \frac{\quad}{\text{TOTAL}}$

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

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <span style="float: right;"><small>No Diner's Cards</small></span>		
Credit Card Number / Checking Account Number	Expiration Date / Checking Account Routing Number	CW #
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 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.

I have read and understood the Return Policy which states the procedure I must follow in order to receive any possible refund.

I understand payment is for the initial term indicated above. I authorize Enagic USA to automatically renew payment at the end of each term unless I submit a Cancellation Form prior to the expiration of the term. Upon renewal, I understand that the item I ordered will be automatically shipped to my mailing address, and I will be responsible for all payments of delivered UKON products.

I understand renewal payment is due on the date of the month when the above term ends.

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