UKON Order Form & Distributor Application

Enagic USA, Inc.
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UKON Single Payment

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	Phone Number		
Address	City	State	Zip Code

***Sponsor Information**

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

ITEM ORDERED	PAYMENT METHOD
☐ **KANGEN UKONΣ New** **12 Months Term**	☐ Capsule (30 Boxes) ☐ Combination: Capsule (20 Boxes), Tea (10 Boxes), Soap (16 Bars) **$1,980** (UKON Price) + ____ (Tax) + **$20** (Shipping) = $ ____ **TOTAL**
☐ **KANGEN UKON** **4 Months Term**	☐ Capsule (10 Boxes) ☐ Tea (20 Boxes) ☐ Soap (32 Bars) ☐ Combination (Circle 2 items) *Capsule *Tea *Soap **$760** (UKON Price) + ____ (Tax) + **$15** (Shipping) = $ ____ **TOTAL**

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

☐ Visa ☐ Master Card ☐ Amex ☐ Discover *No Diner's Cards*

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 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 referenceas 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 above is for initial term indicated above. I authorize Enagic USA to automatically renew when each term ends unless I submit a Cancellation Form prior to the expiration of the term. Upon renewal, I understand that the item I ordered wil be automatically shipped to my mailing address, and I will be responsible for the payments of all delivered UKON products.
I understand my renewal payment is due on the date of the month when the above term ends.
I understand it is the resonsibility of the Applicant to keep track of any payment due. If you fail to make a renewal payment within ten (10) days from the renewal date, your account may be suspended or terminated. Any SP Benefit which comes with 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 Date	Sponsor Signature Date

Revised June 2018