

UKON Order Form & Distributor Application



UKON (Single Payment) Annual Auto-Renewal PRINT CLEARLY

Enagic USA, Inc.

Headquarters
4115 Spencer St., Torrance, CA 90503
Phone: (310) 542-7700 / FAX: (310) 347-4447
Toll Free: (866) 261-9500 / goc.usa@enagic.com

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?
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)		Phone Number	
Address		City	State Zip Code

Sponsor Information	
Sponsor Name	Phone Number
Email Address	

REGISTER THIS APPLICANT AS YOUR [] A

Under Sponsor: _____

ID Number: _____

ITEM ORDERED	PAYMENT METHOD
<input checked="" type="checkbox"/> KANGEN UKON SIGMA 12-Month Term and Supply SP Benefit	<input type="radio"/> Capsule (30 Boxes) <input type="radio"/> Combination: Capsule (20 Boxes), Tea (5 Boxes), Soap (16 Bars)
	$\frac{\$1,980}{\text{UKON Price}} + \frac{\text{Tax}}{\text{Tax}} + \frac{\$20}{\text{Shipping}} = \$ \frac{\text{TOTAL}}{\text{TOTAL}}$
<input type="checkbox"/> KANGEN UKON DD* 4-Month Supply shipped every 4 months SP Benefit *Must complete 12-Month Term	<input type="radio"/> Capsule (10 Boxes) <input type="radio"/> Tea (10 Boxes) <input type="radio"/> Soap (32 Bars) <input type="radio"/> Combination (Check 2 items) <input type="checkbox"/> Capsule <input type="checkbox"/> Tea <input type="checkbox"/> Soap
	$\frac{\$760}{\text{UKON Price}} + \frac{\text{Tax}}{\text{Tax}} + \frac{\$15}{\text{Shipping}} = \$ \frac{\text{TOTAL}}{\text{TOTAL}}$

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.

*** 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 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 from my bank account or credit card for the 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 and collect payment at the end of each term unless I submit a Cancellation Form prior to 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 13th, then the Renewal Term Payment is due 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 term 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



1111 Jupiter Road Ste 108E
Plano, TX 75074

Enagic USA INC. Return Policy (Effective January 1, 2022)

1. A full refund minus shipping fees will be granted only if a product is returned and received by unused within seven (7) days of receipt*.
2. A Restocking Fee (see below) will be charged when:
 - A machine is returned used (e.g. water is run through the machine) within seven (7) days of receipt*.
 - A new machine is returned after seven (7) days but before one (1) month of receipt*.
3. A used machine returned after seven (7) days, but before one (1) month, of receipt will be charged a Cancellation Fee (in lieu of a Restocking Fee) (see below).

Model	SD501	SD501-U & K8	SD501-P	JR IV	Anespa DX	R	Super 501	UKON DD	UKON Σ
Restock Fee	\$100	\$100	\$100	\$100	\$100	\$100	\$100		
Cancellation Fee	\$700	\$900	\$750	\$500	\$480	\$300	\$1,100	\$150	\$400

(Cancellation Fee for Member Anespa \$360, Member Super 501 \$950. Restocking Fee: \$100)

4. A machine in any condition may NOT be returned for a refund after one (1) month following receipt*.

In the event of financing, the buyer understands and agrees to fulfill their monthly payment obligations in totality if the product is outside of the Return Period.
5. For Ukon Product Only: A full refund minus shipping fees will be granted only if product is returned and received by Enagic USA, Inc. unused within (10) Business days of receipt*. No cancellation will be accepted after (10) business days of receipt*. In the event of financing, the buyer understands and agrees to fulfill their monthly payment obligations in totality if the product is outside of the Return Period. In the event any item of the product has been opened or used a cancellation fee will apply.
6. Shipping fees will not be refunded. Installment charges (number of payments multiplied by \$10) are refunded on a prorated basis.
7. All machines and Ukon products must be securely packaged and returned to the Company**.
8. **Proof of delivery is required for all returned products.** r r o o r r
the product safely and securely.

* Receipt refers to the date of pickup or date of signed delivery of the product.

** Received at Enagic office at 1111 Jupiter Road Suite 108E Plano, Texas 75074
or 2290 Alahao Pl. #401 Honolulu, HI 96819



Enagic[®]
U.S.A.

Enagic USA INC. Return Policy (Effective January 1, 2022) Continued from Page 1

Cautionary Notes for the SD501-U

The customer is solely responsible for installation. Company does not provide any installations. We strongly recommend hiring a carpenter and/or plumber to install your machine. Drilling a hole in the countertop for the faucet and another hole in the wall for the control panel is required. Company is not responsible for any installation or drilling repairs even if the product is returned. Company does not accept any machine changes after the SD 501-U has been installed.

I have read and fully understand all of the stipulations on pages 1 and 2 of this return policy.

Print Name: _____

Applicant Signature: _____

Date: _____

If a refund, chargeback, or cancellation is issued for an AMEX card, a 3.5% service fee will apply.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <div style="background-color: yellow; height: 15px; width: 100%;"></div>	
	2 Business name/disregarded entity name, if different from above <div style="background-color: yellow; height: 15px; width: 100%;"></div>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. <div style="background-color: yellow; height: 15px; width: 100%;"></div>	Requester's name and address (optional)
	6 City, state, and ZIP code <div style="background-color: yellow; height: 15px; width: 100%;"></div>	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <div style="background-color: yellow; width: 100%; height: 15px;"></div>	Date ▶ <div style="background-color: yellow; width: 100%; height: 15px;"></div>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.