

UKON Order Form & Distributor Application

Capsule (10 Box) Capsule (5 Box) and Tea (10 Box) Tea (20 Box)

Enagic USA, INC.
 4115 Spencer St., Torrance, CA 90503
 Phone: (310) 542-7700 / FAX: (310) 542-1700
 Toll Free: (866) 261-9500 / cc@enagic.com

PRINT CLEARLY

Distributor ID # <Do NOT Fill In>

***Applicant Information**

Legal Name (First, Middle Initial, Last) or Company Name			Application Date:	
Driver's License #	State	Date of Birth	Are you currently an Enagic Distributor? No <input type="checkbox"/> / Yes <input type="checkbox"/> Enagic ID#:	
Mailing Address (must match W9)		City	St	Zip Code
SS#	Phone Number			
Cell Number	Fax Number	Email Address		
Billing Address (if different from mailing address)		City	St	Zip Code
Alternate Shipping Address		City	St	Zip Code

***Sponsor Information**

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

***Payment Method **Loyalty Discount only applies to an existing distributor**

SINGLE PAYMENT Sales _____

<u>\$660.00</u>	-	<u>\$80.00</u>	+	_____	+	<u>\$15.00</u>	=	_____
UKON Price		Loyalty Discount**		Tax		Shipping		Total

ENAGIC PAYMENT : *** \$10 Installment Fee per month applies for finance plan (\$10.00 x 4 installment payments)

<u>\$660.00</u>	+	<u>\$40.00***</u>	-	<u>(\$155.00 x 3)</u>	-	<u>\$80.00</u>	+	_____	+	<u>\$15.00</u>	=	_____
UKON Price		Finance Amount		Loyalty Discount**		Tax		Shipping		Down Payment		

Credit Card Information ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED**

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

Card Number	CW #	Expiration Date
Card Holder Name (Please Print)	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. This agreement will remain in effect until the balance is paid in full. 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. 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.

I understand payment above is for an initial term of four (4) months. I understand my payment due date of each month will be the date I purchase this product. I authorize Enagic to automatically renew for successive four (4) month terms unless I submit a Cancellation Form prior to the expiration of the four (4) month term. Upon renewal, I understand ten (10) boxes of UKON will be automatically shipped to my mailing address every four (4) months, and I will be responsible for the payment of all received UKON products.

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.

Print Applicant Name	Print Sponsor Name
Applicant Signature	Sponsor Signature
Date	Date