

Enagic Canada, Corp.

Vancouver Branch
 #678- 5900 No.3 Road
 Richmond, BC V6X 3P7
 TEL: (604) 214-0065
 FAX: (604) 214-0067
 Email: vancouver@enagic.com
 Online shop: www.enagic.com/shop-ca

Toronto Branch
 #138-76 Watline Ave.
 Mississauga ON L4Z 3E5
 TEL: (905) 507-1200
 FAX: (905) 507-1233
 Website: www.enagic.com

**Product Order Form
 & Distributor Agreement**



Distributor ID # <do not fill in>

Applicant Information

Driver's License #	Social Insurance # or Federal Tax#	Application Date
Name (First, Middle Initial, Last) or Company Name		Date of Birth (MM/DD/YY)

Address	City	Prov.	Postal Code
Phone Number	Fax Number		
Cell Number	Email Address		

Alternate shipping address	City	Prov.	Postal Code
----------------------------	------	-------	-------------

Sponsor Information

Sponsor Name	Phone Number	Distributor ID Number
Register the applicant as [] A		

ITEM ORDERED (SD501, SD501PT, JR11, DX11, LeveLuk R SD501 U, Super501)	<input type="checkbox"/> Single Payment \$ _____ / \$ _____ HST (13%ON,NB,NL / 15%NS), PST(7%BC) GST 5% (Others,BC)	PAYMENT METHOD <input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** > <input type="checkbox"/> 3mo <input type="checkbox"/> 6 mo Handling \$ _____ + \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____ HST (13%ON, NB,NL / 15%NS) PST(7%BC) Shipping(W/tax) Deposit Down Payment <input type="checkbox"/> 10mo <input type="checkbox"/> 16mo GST 5% (Others,BC)	Sales _____ + \$ _____ = \$ _____ Shipping(W/tax) Total
	Product Retail Price \$ _____ \$ _____		

Credit Card Information	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Debt <input type="checkbox"/> CK <input type="checkbox"/> Medicard <small>No Diner's cards</small>
Card Number <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX	CVV # _____ Expiration Date _____

Card Holder's Name (First, Middle Initial, Last) < ** If different from applicant, Alternate Payer signature required! ** >

6A Support < ** 6A Close documentation required! ** >

Sponsor ID Number	Print Name(Sponsor)	Signature(Sponsor)	Date
6A ID number	Print Name(6A)	Signature(6A)	Date

Alternate Payer

Distributor ID Number	Print Name	Signature(Sponsor or Buyer)	Date
-----------------------	------------	-----------------------------	------

Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature(Sponsor or Buyer)	Date
-------------------------------------	------------	-----------------------------	------

I certify that I have read, understand and agree to the Terms and Conditions set forth in the following documents which comprise the Contract, the Distributor Agreement, the Sales Contract, Policies and Procedures, Compensation Plan and the Products. I am of legal age in my state of residence. I agree that any false and misleading statement(s) may result in the termination or denial of registration as an Enagic Canada distributor. I understand that the financial reward will come from sales of products and not by recruiting people. I, the sponsor, have explained to the applicant all relevant information which the applicant should know prior to signing up. In addition, as a selling distributor, I acknowledge that I have a good faith duty to assist Enagic Canada in causing the customer to honor their payment obligation. At the very least, I agree to contact the customer in person or by telephone no less than three times to request that the customer make payments as required in the customer contract.

Applicant Signature	Date	Sponsor Signature	Date
---------------------	------	-------------------	------

SHIP
 PICKUP