

# Product Order Form & Distributor Application



**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

## Machine 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="radio"/> No <input type="radio"/> Yes <b>ENAGIC ID #</b>	
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
Delivery Method	<input checked="" type="radio"/> Ship		
*Sponsor Information			
Sponsor Name		Phone Number	
Email Address			
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>REGISTER THIS APPLICANT AS YOUR [ ] A</b>                      Under Sponsor                      ID Number:                 </div>			
ITEM ORDERED	PAYMENT AMOUNT		
K8	<input type="checkbox"/> ENAGIC PAYMENT: <input type="radio"/> 3 months <input type="radio"/> 6 months <input type="radio"/> 10 months <input type="radio"/> 12 months <input type="radio"/> 15 months <input type="radio"/> 16 months <input type="radio"/> 20 months <input type="radio"/> 24 months		
\$	\$	\$	\$
4980	23	480	= \$
PRODUCT RETAIL PRICE	Handling	Tax	Shipping Down Total Down
\$	Employer Name	City, State,	Phone Income
<b>** Please note the first payment date must be within 45 days from purchase date. Payment date must be on the 1st or 15th of each month.</b>			
Finance Amount	Monthly Payment Amount	Withdrawal Date	First Payment Date
\$	\$	<input type="radio"/> 1st / <input type="radio"/> 15th	\$
<b>*Payment Information : CREDIT CARD (CHECKING ACCOUNT for ENAGIC PAYMENT ONLY - Void check needed) <input type="checkbox"/></b>			
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.			
<b>*** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly payment. ***</b>			
Note: An applicant will be able to become a distributor with the purchase of Tokurei Sales Kit. <b>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.</b> 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. The agreed payment plan above will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account for every missed payment. 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 without notice. If you fail to make a monthly payment, Enagic may offset the payment amount from your commissions. <b>FOR ALTERNATE PAYERS: By signing Alternate Payer Form, you will be jointly responsible for any and all balance owing on the account.</b> This agreement is governed by the laws of California and proper venue will be 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 Enagic USA, Inc. 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.** The product must be returned to the Company\*\* in its original packaging, and 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<sup>®</sup>**  
**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](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> 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>	
	<b>2</b> Business name/disregarded entity name, if different from above <div style="background-color: yellow; height: 15px; width: 100%;"></div>	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶ _____	<b>4</b> 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>
	<b>5</b> 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)
	<b>6</b> City, state, and ZIP code <div style="background-color: yellow; height: 15px; width: 100%;"></div>	
	<b>7</b> 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.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## 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.

<b>Sign Here</b>	<b>Signature of U.S. person</b> ▶ <div style="background-color: yellow; height: 20px; width: 100%;"></div>	<b>Date</b> ▶ <div style="background-color: yellow; height: 20px; width: 100%;"></div>
------------------	--	--

## 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](http://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.*