

**Enagic Vancouver**

**Enagic Toronto**

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**Product Order Form  
& Distributor Agreement**

Distributor ID # <do not fill in>
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www.enagic.ca

**ENAGIC CANADA CORP.**

**New orders must be emailed at sales-bc@enagic.ca (west coast), and sales-on@enagic.ca (east coast)**

**Applicant Information**

<hr/>	<hr/>	/	/	Application Date
Driver's License #	Social Insurance # or Federal Tax#			
<hr/>			<hr/>	
Name (First, Middle Initial, Last) or Company Name			Date of Birth (MM/DD/YY)	
<hr/>		<hr/>		<hr/>
Address	City	Prov.	Postal Code	
<hr/>		<hr/>		<hr/>
Phone Number	Fax Number			
<hr/>		<hr/>		
Cell Number	Email Address			
<hr/>		<hr/>		
Alternate shipping address	City	Prov.	Postal Code	
<hr/>		<hr/>		

<b>Enroller Information *** Special required for SP status ***</b>				
<hr/>		<hr/>		<hr/>
Enroller Name	Signature	Distributor ID Number		
<hr/>				
<b>Sponsor Information</b>				
<hr/>				
Sponsor Name				
<hr/>				
<b>Register the applicant as</b> [ ] A		<hr/>		<hr/>
		Phone Number		Distributor ID Number
<hr/>				
<b>ITEM ORDERED</b>	<b>PAYMENT METHOD</b>			Sales _____
<input type="checkbox"/> SD501 <input type="checkbox"/> K8 <input type="checkbox"/> SD501-PT <input type="checkbox"/> JRIV <input type="checkbox"/> PT TRADE IN <input type="checkbox"/> ANESPA DX <input type="checkbox"/> LEVELUK R  <b>Product Retail Price</b> \$ _____	<input type="checkbox"/> Single Payment    \$ 30 + \$ _____ + \$ _____ + \$ _____ = \$ _____			Total  Down Payment
	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** > 3 m 6 m    \$ _____ +30 + _____ + \$ _____ + _____ + \$ _____ = \$ _____			
	10 m    Handling + <b>GST 5%</b> <b>PST(7%BC,MB 6%SK</b> <b>HST(13%ON</b> Shipping Fee    (Others,BC)    9.975%QC)    15%NS,NB,NL,PEI)    Deposit			
	12 m 16 m			
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Medicard <i>No Diners cards No cash</i>			
<hr/>				
Card Number	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	CVV #	Expiration Date	
<hr/>		<hr/>		
Card Holder's Name (First, Middle Initial, Last) < ** If different from applicant, Alternate Payer signature required! ** >				

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

<hr/>	<hr/>	<hr/>	<hr/>
Sponsor ID Number	Print Name(Sponsor)	Signature(Sponsor)	Date
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
6A ID number	Print Name(6A)	Signature(6A)	Date
<hr/>			
<b>Alternate Payer</b>			
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
Distributor ID Number	Print Name	Signature(Sponsor or Buyer)	Date
<hr/>			
<b>Alternate Pick-Up</b>			
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
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. \*\*\* BC TAX Applicable on installment fee. Enagic Canada TAX numbers: GST 843475351RT0001, MB-PST 843475351 MT0001, BC-PST PST10114680, QC-PST 1219853005TQ0001, SK-PST 7135320.

<hr/>	<hr/>
Applicant Signature	Sponsor Signature
<hr/>	<hr/>
Date	Date

SHIP     PICKUP