

Enagic USA, Inc.

Headquarters

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**Product Order Form
& Distributor Agreement**



Distributor ID # <do not fill in>

Applicant Information

Name (First, Middle Initial, Last) or Company Name _____ / _____ / _____
Application Date

Driver's License # _____ State _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Cell Number _____ Email Address _____

Alternate shipping address _____ City _____ State _____ Zip Code _____

Sponsor Information

Sponsor Name _____

Register the applicant as [] A

Phone Number _____ Distributor ID Number _____

ITEM ORDERED (SD501, Sunus, etc)	<input type="checkbox"/> Single Payment	PAYMENT METHOD				Sales _____
	\$ _____ + _____ + _____ = \$ _____	Unit Price	Tax (office use)	Shipping (office)	Total	
Product Retail Price \$ _____	<input type="checkbox"/> Enagic Payment < ** Enagic Payment System Application required! ** >					
	<input type="checkbox"/> 3mo	\$ _____ + _____ + _____ = \$ _____				
	<input type="checkbox"/> 6 mo	Handling	Tax (office use)	Shipping (office)	Down	Total Down
	<input type="checkbox"/> 10mo					
	<input type="checkbox"/> 16mo					

Credit Card Information Visa Master Card Amex Discover No Diner's cards

Card Number _____ 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 USA 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 USA 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



Return Policy Effective November 15th, 2008

The federal law mandating legally-acceptable returns is three business days. In an effort to abide by this federal law, Enagic USA has established its return policy around this three-day period. We also understand that there are extraordinary circumstances in which a longer period would be necessary. Under these circumstances which require approval by the company the following strict guidelines are in effect:

1. If the new, unused machine is returned within 3 days of receipt, you will be refunded the full amount minus postage. (Shipping Fees)
2. If a new machine is returned more than 3 days after receipt, you will be charged with a restocking fee.
*
3. If a used machine is returned within 3 days of receipt, you will be charged with a restocking fee.*
4. If a used machine is returned more than 3 days after receipt, you will be charged with a processing fee.**
5. If a machine is returned more than 1 month after receipt, no refund is possible.
6. Shipping fees are not subject to refund. Installment charges are refunded on a prorated basis.
7. Owner must pack the machine in safe, secure condition, and return by owner's expense.

* Restocking fee = \$100

* Installment Charge = Number of payment times \$10.00

** Processing fee: SD 501=\$380, DXII=\$310, SUNUS=\$200, JR II=\$310, ANESPA=\$320,
SUPER 501=\$700, ANESPA MEMBER=\$240, SUPER MEMBER=\$410

- A) Days are counted starting on the day that the order was processed or in case of shipping, begins with the date of signed delivery.
- B) Three days are business days, one month is counted as a calendar month.
- C) A machine is considered used once water has been run through it.

I have read and fully agreed with all the return policy described above.

X _____
Name (PRINT)

X _____ / _____ / _____
Applicant Signature Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,