



FAX COVER SHEET

<input type="checkbox"/> Los Angeles Tel: 310-542-7700 Fax: 310-542-1700
<input type="checkbox"/> New York Tel: 718-784-2110 Fax: 718-784-2103
<input type="checkbox"/> Chicago Tel: 847-437-8200 Fax: 847-437-8201
<input type="checkbox"/> Hawaii Tel: 808-949-5300 Fax: 808-949-5336
<input type="checkbox"/> Dallas Tel: 972-722-7499 Fax: 972-722-7402
<input type="checkbox"/> Orlando Tel: (407) 601-5963 Fax: (407) 730-3335
<input type="checkbox"/> Seattle Tel: (425) 640-2222 Fax: (425) 672-8946

DATE: _____

TOTAL PAGES
(Including Cover Page): _____

※Please check a Department and fill in the name of the person in charge below.

- Accounting
- Commission
- Compliance
- Finance
- Information Center
- Processing
- Sales
- Service
- Shipping

ATTENTION: _____

From: _____

Distributor ID #: _____

Name: _____

Phone #: _____

Fax #: _____

Email: _____

Comments: _____

Enagic USA Inc.
4115 Spencer St., Torrance, CA 90503

Enagic Automatic Payment Application for Individual Account



Date:

Office Use Only Initial:		Notice to Applicant(s)	
Distributor ID	Product	Important! Are you currently paying for another machine using the Enagic Payment System? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Unit Price	Installment Charge	This application must be filled in completely except for the portion marked office use only.	
Down payment	Finance Amount Requested		
Applicant Information		Alternate Payer Information	
Applicant's Full Name:		Alternate payer's Full Name: Yes <input type="checkbox"/> / No <input type="checkbox"/> years	
SS#:		Relationship: SS#: ID#:	
Driver's License: State:		Driver's License: State:	
Phone #:	Alternate Phone #:	Phone #:	Alternate Phone #:
E-mail:		E-mail:	
Home Address:		Home Address:	
City:	State:	City:	State:
Zip:		Zip:	
<input type="checkbox"/> Check box if Billing Address is the same as Mailing Address		<input type="checkbox"/> Check box if Billing Address is the same as Mailing Address	
Billing Address:		Billing Address:	
City:	State:	City:	State:
Zip:		Zip:	
Years of Residence:		Years of Residence:	
Monthly Housing Payment: Own / Rent / Other		Monthly Housing Payment: Own / Rent / Other	
Occupation:		Occupation:	
Current Employer Name:		Current Employer Name:	
Work Phone #:	Years with employer:	Work Phone #:	Years with Employer:
<input type="checkbox"/> Gross Annual Income	<input type="checkbox"/> Other Income:	<input type="checkbox"/> Gross Annual Income	<input type="checkbox"/> Other Income:
Emergency Contact Name:		Phone: Relationship:	
Monthly Payment Amount \$		Number of Payments <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 According to machine	
Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 15th		Start Date / / End Date / /	
Payment Options			
Credit Card Information: VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/>			
Card Number: _____ Exp. Date: _____ CVV: _____			
Checking account information (currently we only accept checking accounts):			
Institution: _____			
Phone Number: _____ (Please provide a void check)			
Routing Number: _____ Account Number: _____			
I hereby certify that the information provided on this Payment Application 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. This agreement will remain in effect until the balance of my payment is paid in full. 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 commission. You cannot sell your machine if your payment is not finished.			
Applicant's Signature:		Alternate Payer's Signature:	
Print Applicant's Name: Date:		Print Alternate Payer's Name: 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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <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) ▶	
	<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 the "Name" line 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									
				-			-		

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

Employer identification number									
				-					

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.



RETURN POLICY EFFECTIVE MAY 2011

1. A full refund minus shipping fees will be granted only if a machine is returned both unused and within 7 days of receipt*.
2. A restocking fee (see below) will be charged when:
 - ◆ A machine is returned used (water runs through the machine even once) within 7 days of receipt.
 - ◆ A new machine is returned after 7 days but before 1 month after receipt.
3. A used machine returned after 7 days but before 1 month of receipt will be charged a processing fee (in lieu of a restocking fee) as follows:

Model	SD501	SD501-U	SD501-P	DXII	JRII	ANESPA	SUNUS	SUPER 501
Restocking Fee	\$100	\$200	\$100	\$100	\$100	\$100	\$100	\$100
Processing Fee	\$380	\$660	\$680	\$310	\$310	\$320	\$200	\$700

(Processing fee for Member Anespa \$240, Member Super 501 \$410. Restocking for both \$100.)

4. A machine in any condition may NOT be returned for a refund after 1 month following receipt.
 - ◆ In the event of financing, the buyer is accepting the responsibility to fulfill their monthly payment obligations in totality if the machine is not returned within the 1 month return period.
 5. Shipping fees are never subject to a refund. Installment charges (number of payments multiplied by \$10) are refunded on a prorated basis.
 6. All machines must be securely packaged and returned to the California Headquarters.
 7. **Proof of delivery is required for all returned machines.** It is the buyer's responsibility to return the product safely.
- * *Receipt refers to the date of pickup or date of signed delivery of the machine. Days are counted from that date (day of receipt), not the purchase date of the machine.*

Cautionary Notes for the SD501-U

- Installation is borne by the client. Enagic 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. Enagic is not responsible for any installation or drilling repairs even if the product is returned.
- Enagic does not accept any machine changes after the SD 501-U has been installed.

I have read and fully understand all of the stipulations stated above.

Name: _____

Applicant Signature: _____

Date: _____

If a refund, chargeback, or cancellation is issued for an AMEX card, a 3.5% service fee will apply.

Product Order Form & Distributor Application

Kangen Water®



Enagic USA, Inc.

Headquarters
 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			
Mailing Address (must match W9)			City	State	Zip Code
Phone Number			Fax Number		
Cell Number		Email Address			
Alternate Shipping Address			City	State	Zip Code

***Sponsor Information**

Sponsor Name	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number: _____ </div>
Phone Number	

ITEM ORDERED	PAYMENT METHOD
	<input type="checkbox"/> SINGLE PAYMENT Sales $\begin{matrix} \$ & & + & & + & & = & \$ \\ \hline & \text{Unit Price} & & \text{Tax} & & \text{Shipping} & & \text{Total} \end{matrix}$

Product Retail Price	<input type="checkbox"/> ENAGIC PAYMENT < **Enagic Payment System Application Required** > <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 16 months $\begin{matrix} \$ & & + & & + & & + & & = & \$ \\ \hline & \text{Handling} & & \text{Tax} & & \text{Shipping} & & \text{Down} & & \text{Total Down} \end{matrix}$
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Credit Card Information** ***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover No Diner's Cards			
Card Number	CVV #	Expiration Date	
Card Holder Name (Please Print)		Card Holder Signature	

Alternate Pick-Up

Distributor Driver's License Number	Print Name	Signature (Sponsor or Buyer)	Date
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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 document (with any amendments or restatements furnished by Enagic USA to me after this date) is hereby incorporated by this reference as if fully set forth herein and sets forth the exclusive terms and conditions of my agreement with Enagic USA, Inc.

Applicant Signature	Date	Sponsor Signature	Date
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SHIP

PICKUP

*Change Your Water...
Change Your Life™*