



Agreement of Special Payment (Samaritan, Tokurei) Plan

This agreement is made between the prospective Distributor (Applicant) and Enagic USA, Inc. (Enagic). The Applicant, _____, hereby confirms this agreement in connection with the purchase of the product from Enagic through the sponsoring Distributor _____, ID# _____ that the purchase price of US\$ _____ for _____ shall be offset by deducting the Applicant's future commissions. Applicant agrees that the amount to be withheld by Enagic (per point) shall consist of twenty dollars (\$20) for the sale of a Leveluk R, seventy five dollars (\$75) for the sale of a Leveluk Jr II, Leveluk K8, Leveluk SD501, Leveluk SD501P, AnespaDX; and one hundred fifty dollars (\$150) for the sale of a Leveluk Super 501 and Leveluk SD501U.

| | |
|------------------|------------|
| Applicant's Name | Date: |
| Address | |
| State & Zip | Signature: |
| Credit Card # | CVV |
| Signature | Expiration |

| | | |
|----------------|-----|------|
| Sponsor's Name | ID# | Date |
| Signature | | |

| | | |
|-----------|-----|------|
| 6A's Name | ID# | Date |
| Signature | | |

The following conditions apply PLEASE READ CAREFULLY:

- (1) This Special Payment Plan (Samaritan Plan, Tokurei) is applicable to applicants who are unable to purchase a product through standard payment methods (including finance).
- (2) Applicant agrees to sell and submit at least one Product Order Form & Distributor Agreement to purchase by cash, credit card, check, or finance (NOT through another Special Payment Plan). This must be submitted at the same time as the Applicant's application.
- (3) Enagic requires a copy of the applicant's ID (US driver's license or US passport), Product Order Form & Distributor Agreement, Return Policy, and W9 form to enter into this agreement.
- (4) Enagic requires the signatures of both a direct-up-line Distributor and a direct-up-line 6A Distributor.
- (5) This agreement will be terminated upon completion of payment in full by the applicant. Applicant is responsible for the balance of the purchase price if the Distributorship is terminated for any reason.
- (6) Applicant will be unable to downgrade the product when he/she completes the payment.
- (7) SP will not apply to the applicant while the Special Payment Plan is in effect.
- (8) A \$25 charge + tax and shipping (as applicable) will be incurred when undertaking this program for the purchase of a "Samaritan (Tokurei) Starter Kit" (Kit). The purchase of this Kit is mandatory. The Kit includes: Product Order Form & Distributor Agreement, Color Chart, Compliance DVD, Compensation Plan DVD, Welcome letter, SD 501 Brochure, and "Advantages of Kangen Water®" brochure.

Product Order Form & Distributor Application



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

Machine Single Payment

PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

***Applicant Information**

| | | | | |
|---|--|---------------------------------|--|----------|
| NAME | First Name or Company Name | Middle Name (or Middle Initial) | Application Date: | |
| | Last Name(s) | | Are you currently an Enagic Distributor? <input type="checkbox"/> No | |
| Driver's License # | State | Date of Birth | <input type="checkbox"/> Yes ENAGIC ID # | |
| 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 type="checkbox"/> Ship <input type="checkbox"/> Pick up **Please fill out pick up form | | | |

***Enroller (if applicable) and Sponsor Information**

| | | |
|---|-------------|--|
| Enroller Name | Enroller ID | Phone Number |
| Sponsor Name <input type="checkbox"/> Same as above | | |
| Phone Number | | REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number: |

| ITEM ORDERED | PAYMENT AMOUNT |
|-----------------------------|---|
| | |
| Product Retail Price | \$ _____ + _____ + _____ = \$ _____ Unit Price Tax Shipping Total |
| \$ | |

***Payment Information : CREDIT CARD**

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

*** Please fill out Alternate Payer Form if someone beside the applicant will be making payment. ***

Note: An applicant will be able to become a distributor with the purchase of Tokurei Sales Kit.
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.
 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 credit card.
 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 your payment comes back for any reason, Enagic may offset the payment amount from your commissions. **FOR ALTERNATE PAYERS: By signing Alternate Payer Form, you will be jointly responsible for any and all balance owing on the account.** 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 _____ Date _____ | Sponsor Signature _____ Date _____ |

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

RETURN POLICY (EFFECTIVE Sep. 2017)

1. A full refund minus shipping fees will be granted only if a product is returned and received by Enagic USA, Inc. ("Company")** unused within seven (7) days of receipt*.
2. A Restocking Fee (see below) will be charged when:
 - * A machine is returned used (eg. 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*.
 - * FOR UKON PRODUCTS ONLY: the company must be notified (ukon@enagic.com) within ten (10) business days of receipt*. No cancellations will be accepted after ten (10) business days of receipt*.
3. A used machine returned after seven (7) days, but before one (1) month, of receipt will be charged a Processing Fee (in lieu of a Restocking Fee) (see below).

| Model | SD501 | SD501-U & K8 | SD501-P | JR II | Anespa DX | R | Super 501 | UKON DD | UKON Σ |
|----------------|-------|--------------|---------|-------|-----------|-------|-----------|----------|----------|
| Restock Fee | \$100 | \$200 | \$100 | \$100 | \$100 | \$100 | \$100 | \$10/box | \$10/box |
| Processing Fee | \$380 | \$660 | \$680 | \$310 | \$320 | \$300 | \$700 | \$50 | \$100 |

(Processing fee for Member Anespa \$240, Member Super 501 \$410. 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. Shipping fees will not be refunded. 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 Company**.
 7. **Proof of delivery is required for all returned products.** It is the buyer's responsibility to return the product safely and securely.
- * Receipt refers to the date of pickup or date of signed delivery of the product.
 ** Received at Company headquarters at 4115 Spencer St., Torrance, CA 90503.

CautionaryNotesfortheSD501-U

Installation is borne by the client. 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 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.