

DIFFERENT KANGEN 'MODEL NUMBERS', 'PRICES' & 'PURCHASE PLANS'

www.enagic.com

Kangen's FLAGSHIP MODEL...

Leveluk **SD501** – **7 Plates** – Ultimate Family/Business Use – **±\$45 per month** – 12 months interest free – see page 8

http://www.enagic.com/technology_products.php#p=sd501 – 230 Watts – 5 Year Warranty – \$3,980

LCD panel & Voice prompts – Platinum coated Titanium electrodes – 15 Year life expectancy with another 15 years after a factory service.

Leveluk DXII – **5 Plates** – Large Family Use – **±\$36 per month** – 12 months interest free – see page 8

http://www.enagic.com/technology_products.php#p=dx2 – 200 Watts – 3 Year Warranty – \$3,280

LCD Panel & Voice prompts – Platinum coated Titanium electrodes

Leveluk JR11 – **3 Plates** – Single Person or a Couple – **±\$27 per month** – 12 months interest free – see page 8

http://www.enagic.com/technology_products.php#p=jr2 – 120 Watts – 3 Year Warranty – \$2,380

LCD Panel & Buzzer – Platinum coated Titanium electrodes

Leveluk R – **3 Plates** – Great starter unit – **±\$16 per month** – 12 months interest free – see page 8

http://www.enagic.com/technology_products.php#p=levelukr – 120 Watts – 3 Year Warranty – \$1,480

Platinum-plated Titanium electrodes

INSTRUCTIONS...

Complete **pages 5, 6 & 7** of this file. Add \$18 for *Shipping & Handling* plus *State Tax*.

Email or fax them back to your sponsor. Allow 7 days for delivery.

The **QUALITY/COST EFFECTIVENESS** of the 'by far superior' Kangen Alkaline Water Machines from Japan, are the large surface area of the **thick Titanium plates, dipped in Platinum** (for a thick coating) & able to **sustain 230 Watts of power flowing through them without overheating**. CUTTING CORNERS on these key elements = weak Alkaline Water. Ever seen the price of a **Titanium golf club**? Did you know that **Platinum is more expensive than gold**?

Even the Kangen **3 plate** systems produce stronger Alkaline Antioxidant Water than the competitor's (*watch one of the 4 Presentations again if you missed this important point*).

The **7 plate** machine is designed to make the strongest Kangen Alkaline **Antioxidant** Water for people who're suffering from any one of a multitude of ailments, i.e. it attains **ORP (Oxidation Reduction Potential)** levels of **minus 550**, where competitor machines cannot get anywhere near this required reading without manipulating their filter (which destroys their machine over time) – see Consumer Guide page 17.

Drinking Kangen Alkaline Antioxidant Water **FRESH** everyday *improves its health benefits even more*.

Share Kangen Alkaline Antioxidant Water with **8 people** (who become customers) and soon yours will be paid for! Every successful company has to spend a portion of their budget on marketing – Enagic's plan give a smaller % of marketing dollars back to their users than competitors do to their distributors, plus their marketing dollars.

SMILEY'S STORY – *how I got my Kangen machine for FREE (with a step of faith)...*

I was paying \$12.50 per week for *bottled water & juice* at Wal-Mart – \$50 per month.

I put the Leveluk **SD501** on a credit card at **\$45 per month** – **\$5 per month less than my Wal-Mart drinking bill**.

I also **SAVED \$100 per month** on the doctor's arthritis medication & injections that my wife no longer needed.

THE VARIOUS HEALTH INVESTMENT OPTIONS...

* Credit Card – \$16 to \$45 pm (*you're either paying Wal-Mart for Acidic Water or Enagic for healthy Alkaline Water*).

* Credit Card – use your own or apply for Enagic's Credit Card – 12 months interest free – see page 8.

* Use your low interest HELOC (Home Equity Line of Credit), i.e. if you have or can open up one with your bank.

* \$502 to \$836 Deposit – no interest (*\$10 monthly service fee*) – pay off the balance over 3, 6, 10 or 16 months.

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

>> **SAMPLE** <<

PRINT CLEARLY

Distributor ID # <Do NOT Fill In>

*Applicant Information					
Legal Name (First, Middle Initial, Last) or Company Name <i>Name</i>				Application Date: <i>Month-Day-Year</i>	
Driver's License # <i>Drivers Lic #</i>	State <i>State</i>	Date of Birth <i>Date of Birth</i>		Are you currently an Enagic Distributor? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Enagic ID#:	
Mailing Address (must match W9) <i>Address</i>			City <i>City</i>	State <i>State</i>	Zip Code <i>Zip</i>
SSN <i>S.S. #</i>		Phone Number <i>Tel #</i>			
Cell Number <i>Cell #</i>	Fax Number <i>Fax #</i>		Email Address <i>Email</i>		
Billing Address (if different from mailing address)			City	State	Zip Code
Alternate Shipping Address			City	State	Zip Code

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

ITEM ORDERED	PAYMENT METHOD	
<i>SD 501</i>	<input type="checkbox"/> SINGLE PAYMENT Sales _____	
	\$ _____ + _____ + _____ = \$ _____ Unit Price Tax Shipping Total	
Product Retail Price	<input type="checkbox"/> ENAGIC PAYMENT: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 16 months	
\$ _____	\$ _____ + _____ + _____ = \$ _____ Handling Tax Shipping Down Total Down	

** 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.

Finance Amount	Monthly Payment Amount	Withdrawal Date (Circle One)	First Payment Date
\$ _____	\$ _____	1st / 15th	/ /

*Payment Information: **CREDIT CARD or CHECKING ACCOUNT** (Void check needed for Checking Account Payment)

Visa *or* Master Card *or* Amex *or* Discover No Diner's Cards

Credit Card Number / Checking Account Number <i>Credit Card # or Checking #</i>	Expiration Date / Checking Account Routing Number <i>??/?? or Routing #</i>	CW # <i>Last 3 #'s on back</i>
Card Holder Name (Please Print) <i>Name on Card</i>	Card Holder Signature <i>Signature</i>	

*** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly 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 documents (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 bank account or credit card. This agreement will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account every time payment is missed. 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. 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 <i>Name</i>	Print Sponsor Name
Applicant Signature <i>Signature</i>	Sponsor Signature
Date <i>Date</i>	Date

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1



2

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: Name

Applicant Signature: Signature

Date: Date

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

3

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return) *Name*

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee

Other (see instructions) ▶

Address (number, street, and apt. or suite no.) *Address*

City, state, and ZIP code *City State Zip*

List account number(s) here (optional)

Requester's name and address (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

?	?	?	-	?	?	-	?	?	?	?
---	---	---	---	---	---	---	---	---	---	---

Employer identification number

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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:

- 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
- 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
- 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 ▶ *Signature* Date ▶ *Date*

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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		Are you currently an Enagic Distributor? No <input type="checkbox"/> / Yes <input type="checkbox"/> 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
Alternate Shipping Address			City	State	Zip Code

***Sponsor Information**

Sponsor Name	REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number: _____
Phone Number	

ITEM ORDERED	PAYMENT METHOD
	<input type="checkbox"/> SINGLE PAYMENT Sales _____ $\begin{matrix} \$ & & + & & + & & = & \$ & \\ \text{Unit Price} & & \text{Tax} & & \text{Shipping} & & \text{Total} \end{matrix}$
Product Retail Price	<input type="checkbox"/> ENAGIC PAYMENT: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 16 months
\$	$\begin{matrix} \$ & & + & & + & & + & & = & \$ & \\ \text{Handling} & & \text{Tax} & & \text{Shipping} & & \text{Down} & & \text{Total Down} \end{matrix}$

**** 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.**

Finance Amount	Monthly Payment Amount	Withdrawal Date (Circle One)	First Payment Date
\$	\$	1st / 15th	/ /

***Payment Information : CREDIT CARD or CHECKING ACCOUNT (Void check needed for Checking Account Payment)**

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

***** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly 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 documents (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 bank account or credit card. This agreement will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account every time payment is missed. 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. 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		Print Sponsor Name	
Applicant Signature	Date	Sponsor Signature	Date

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

Revised 10/20/12

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RETURN POLICY (EFFECTIVE April 2013)

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 (cancelukon@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	SD501-P	DXII	JRII	ANESPA	R	SUPER 501	Ukon DD
Restocking Fee	\$100	\$200	\$100	\$100	\$100	\$100	\$100	\$100	\$10/box
Processing Fee	\$380	\$660	\$680	\$310	\$310	\$320	\$280	\$700	\$50

(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.

Cautionary Notes for the SD501-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: _____

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: <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) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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.

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- 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.