

UKON DD Application UKON DD 申請

Okinawa Kangen Foods Co.,Ltd.

Address: 310 Sedake, Nago, Okinawa, 905-0013, Japan.

Tel: +81 -989-510-166 Fax: +81-989-170-597

Email: ukon@kangenfoods.com

Date:

Office Use Only :

Member ID會員購入號碼:

Applicant's Personal Information

Name:		Ukon Continue ID:	Repeat _____ time(s)
Date of birth:	DD/	MM/	YYYY
Address:		ID/BR. No.	
		Tel. No.	
		Email:	
Bank Name: _____		Branch Name: _____	
Bank No.: _____		Swift code: _____	
Branch No.: _____		IBAN: _____	
Account Holder's Name: _____			
Account Number: _____			
Sponsor's Name:		Sponsor ID:	Register as your _____A

Please put a "✓" in the box 請在以下方格內 "✓"

Product

	A	B	C
New Distributor & Non E8PA	Ukon JPY 76,000	Ukon Tea JPY 76,000	Ukon + Tea JPY 76,000
E8PA Holder Price	Ukon JPY 68,000	Ukon JPY 68,000	Ukon + Tea JPY 68,000
Ukon Σ (Sigma) 30 Boxes	Ukon JPY 198,000	-	-

Shipping Fee

Ship to	Courier	A	B	C
Product				
Philippines		JPY 2,400	JPY 5,500	JPY 4,000
Ukon Σ (Sigma) 30 boxes		JPY 6,300		

Shipping charge: JPY _____

Total Amount : JPY _____

Payment:

Credit Card (VISA/MASTER)

The applicant is responsible for any bank handling fee.

Please fill up the shipping address is different to correspondence address.

Recipient's Name:	Recipient's Cell phone no.:	Postal Code:
Shipping Address:		

Terms and Conditions:

1. You need to be enrolled in the UKON DD program in order to receive DD commission from sales made in your down line
2. UKON DD program allows the distributor maintain to their SP status for 120 days without making machine direct sales.
3. A new UKON ID number will issue for first time or repeat purchase.
4. If UKON DD not repeat more than three (3) times will be terminate, if you purchase three(3) Ukon DD will not be cancelled.
5. After terminate, the applicant is not qualified to receive commission for any Ukon DD sales.
6. Once you discontinue, you will not be qualified for SP and your commission will depend on your last direct machine sale.
7. The three (3) Ukon DD sales will count as one machine sale in regards to the incentive bonus.
8. The recipient of an international shipment may be subject to such import fees, GST or VAT which are levied once a shipment reaches your country, additional charges for customs clearance must be borne by the recipient. Custom policies vary widely from country to country; you should contact your local customs office for further information. When customs clearance procedures are required, it can cause delays beyond our original delivery estimate.
9. Return Policy – Okinawa Kangen Foods Co., Ltd. will replace or accept return if the products are damage. The applicant must return the product within seven (7) days of delivery. For any returns after the 7-day period or if the product is used, we reserve the right to inquire the reasons for returning or exchanging the product, and the right to decline your request.

I certify that I have read, understood and agree to the terms and conditions set forth in the following documents which comprise of the contract, distributor agreement, sales contract, policies and procedures, compensation plan and products. I am of legal age in my country. I agree that any false and misleading statement(s) may result in the termination as distributor. I understand that the financial reward will come from sales of products and not by recruiting people.

Applicant Signature over Printed Name

Date



Enagic International Co., LTD

Maejima 3-25-1 2F Naha-shi

Okinawa 900-0016 Japan

Tel: (81)098-917-0565 Fax (81)098-917-0572

Credit Card Payment Form

Please print clearly

Name					
Address					
City		State		Zip	
Tel (home)				Fax	
Cell Phone					
E-mail					
Product (Please Circle)	Ukon A Set	Ukon B Set	Ukon C Set		

Credit Card Details

Print Name:																				
Bank Provider:																				
					-						-									
Security Code (Located on the back of the Credit Card, last 3 digits of account number panel)																				
				Expiry Date			/													
Amount JPY	_____																			
Signature	_____																			

Please fill up if delivery address is different as above

Name					
Address					
City		State		Zip	
Tel (home)				Fax	

Purchaser's Name and ID# if different from Credit card holder

Name: _____ ID# _____