

FULL NAME	RANK	
DISTRIBUTOR ID	MEMBER TYPE	

- > I request to use my accumulated E-points in order to reimburse maintenance expenses including deep cleaning, repairs or shipping fees for units that I possess. Only official Enagic maintenance receipts issued by each branch will be considered for reimbursement. (Without attached evidence reimbursement will not be processed.)
- > I understand that requested reimbursement amount which exceeds available E-point balance will not be accommodated. Only equivalent amount to available E-point balance shall be reimbursed. Some expenses may be denied as being outside of the latest E8PA reimbursement scope.
- > I acknowledge that I'm financially responsible for paying all expenses beforehand and may only be reimbursed after the final decision made by E8PA office that reserves all rights to update and/or amend the contents of this document at any time.

Receipt	Date	Expense Description		Amount	
1					
2					
3					
4					
5					
Cur	rency		Total Amount		
Comments:					
Distributor's Name:					

Application Date: \_