



ENROLLMENT APPLICATION

- Retail Customer
 Preferred Customer
 Distributor

First Name(s): _____ Last: _____

Company Name (if applicable): _____

Date of Birth: MM/DD/YYYY [] [] / [] [] / [] [] [] []

Date Entered: _____
ID # _____
Password _____
Enrollment Kit _____
Enrollment Date _____
o Added to e-mail list
o Autoship
Sponsor: _____
Sponsor ID: _____

Billing Address:

Shipping Address:

Street: _____

Street: _____

Street: _____

Street: _____

City: _____

City: _____

State/Province: _____

State/Province: _____

Postal Code: _____

Postal Code: _____

Contact Information:

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax Phone: _____

E-Mail (for Lifewave business correspondence): _____

Replicated Site URL: (Your Personal LifeWave Website) Chose 3 options as your preferred URL

www.lifewave.com/ 1) _____ 2) _____ 3) _____

Password choice: _____ At least 6 Characters w/ 1 Cap, 1 Special Character

Payment Information:

Name EXACTLY AS IT APPEARS on Credit Card: _____

Visa / Master []

Signature: _____

Expiration Date: [] [] / [] [] Security Code: [] [] [] [] (On back of your card)

(Be sure that this credit card has the exact same billing address. A variation will result in your order not being processed)

Distributor Enrollment Kit: Diamond \$1,599.95 Gold \$499.95 Silver \$299.95 Bronze \$124.95

Customer Enrollment Kit (Optional: First Order Only Available): Gold \$399.99 Silver \$299.99 Bronze \$199.99

Initial Product(s) Ordered: _____

Monthly Autoship: Yes. Product(s) _____