

LifeWave BRAND MANAGER #

PREFERRED CUSTOMER #

Sponsoring Brand Manager

NAME

Date:

ORDER Items or Kit:

Order Number

Entered Date

AUTOSHIP (required for Preferred Customer)

Subscrip Order Date:

Required for Brand Managers ONLY:

Name for Website & Login (Company or Name)

SS or Tax ID:

Birthday (optional for Preferred Customer)

Username for Login

Password (6 Characters, 1 Capital, 1 Unique)

Cell Phone:

Email

Home phone

Address for Shipping:

Name

Address

City/State/ Zip

CREDIT CARD INFO - (If different from shipping address, provide new address)

MC, VISA, AMER EXP, DISCOVER

Name on card

CC#

Address (if different than Shipping)

Exp#

City/St/Zip

CVV#

REFERRAL - name & LifeWave ID

NOTES