



Preferred Customer—\$19.95 Y or N

Date _____

ID# _____

Name _____

Phone _____ DOB ____/____/____

Address _____

City/State/Zip _____

Email _____

User name for LW acct _____

Password for LW acct _____

Credit Card # _____

Exp Date _____ CW2 _____ Name on Card _____

Patches

X39 _____ X49 _____ Performance Bundle _____ Energy Enhancer _____

Ice Wave _____ SP6 _____ Silent Nights _____ Alavida _____ Aculife _____

Y-Age Aeon _____ Y-Age Glutathione _____ Y-Age Carnosine _____

Y-Age System Kit _____

Skin Care

Alavida Regeneration Trio _____

Alavida Daily Refresh Facial Nectar _____

Alavida Nightly Restore Facial Crème _____

Aromatherapy Mists

Essentials Mist Collection _____

Shine Aromatherapy Mist _____

Dream Aromatherpy Mist _____

Referring Distributor/Preferred Customer _____