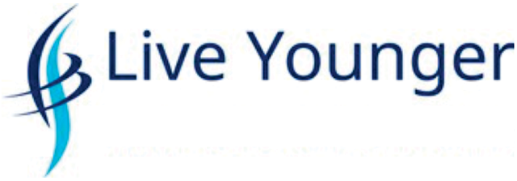


Enrollment Application



Retail Customer – Retail
\$149.95 X39

Brand Partner – Wholesale

Date Entered: _____

ID # _____

Password _____

Enrollment Kit _____

Enrollment Date _____

- Added to e-mail list
- Monthly Subscription

Sponsor: _____

Sponsor ID: _____

Name of Sponsor: _____

First Name(s): _____ Last: _____

Company Name (if applicable): _____

Date of Birth: MM/DD/YYYY / /

Billing Address:

Street: _____

City: _____

State/Province: _____

Postal Code: _____

Shipping Address:

Street: _____

City: _____

State/Province: _____

Postal Code: _____

Contact Information:

Home Phone: _____ Mobile Phone: _____

Work 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 or Master Card:

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)

Brand Partner Enrollment Kit: Starter \$25.00 Core \$295.00 Advanced \$525.00 Premium \$1,750.00

Initial Product(s) Ordered: _____

Monthly Subscription: Yes. Product(s) _____